




# Integrating Safe Water, Sanitation, and Hygiene into HIV Programmes

## A Training and Resource Pack for Uganda

NOVEMBER 2014



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The WASHplus project supports healthy households and communities by creating and delivering interventions that lead to improvements in water supply, sanitation, and hygiene and household air pollution. This five-year project (2010-2015), funded through USAID's Bureau for Global Health (AID-OAA-A-10-00040) and led by FHI 360 in partnership with CARE and Winrock International, uses at-scale as well as integrated programming approaches to reduce diarrheal diseases and acute respiratory infections, the two top killers of children under age five globally.

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# About the Manual



## Acronyms

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AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
CAO	Chief Administrative Officer
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IPC	Interpersonal Communication
MOH	Ministry of Health
POU	Point of Use
PLHIV	Person Living with HIV
PSI	Population Services International
SDA	Small Doable Action
STAR-SW	Strengthening TB and HIV/AIDS Response in the Southwest
TB	Tuberculosis
UDHS	Uganda Demographic and Health Survey
USAID	United States Agency for International Development
VHT	Village Health Team
WASH	Water, Sanitation, and Hygiene



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The training was adapted from previous work of the WASHplus project in other countries by team members of the USAID/WASHplus Project and our predecessor USAID/Hygiene Improvement Project, including Judith Tukacungurwa, Renuka Bery, Julia Rosenbaum, Eleonore Seumo, and Elizabeth Younger. Juliet Nandawula and Julia Rosenbaum revised this capacity building material with the expert assistance of consultant Judith Tukacungurwa, and with support from selected district health officers/inspectors, village health teams, and peer educators through the MOH and USAID implementing partners Community Connector, STAR-SW, SPRING, and others. We acknowledge the contribution of FHI360's Dawn McCown who graphically designed this training guide, as well as Paul Kasobya who designed the related WASH job aids, and illustrator Justin Igala.

It is the intent that this training helps to strengthen key competencies of a range of stakeholders to support and carryout initiatives integrating WASH into HIV and HIV/nutrition programmes at home, community and clinic levels, with the overall goal of improving the quality of life of people living with HIV and their families; leaving them strong and resilient to pursue educational, economic and personal growth.

A packet of job aids accompanies this training to facilitate outreach workers, peer support activities and counselors to integrate WASH into nutrition initiatives.

Kampala, November 2014

# Trainer Notes

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## Course Objectives

At the end of the training, the peer counsellor/VHTs should be able to:

- ◆ Describe the role and responsibilities of a Peer counselor/VHT in the provision of WASH care.
- ◆ Describe the four key water, sanitation, and hygiene (WASH) practices, including: safely transporting, treating, storing and serving drinking water; safe handling and disposal of faeces; safe handling and disposal of menstrual blood; and hand washing with soap (or ash) and water, and demonstrate actions required to implement the WASH practices.
- ◆ Describe the small doable actions (SDA) as alternative methods of implementing the four key WASH practices and demonstrate the actions required to implement the practices.
- ◆ Assist clients and their household members to adopt improved WASH practices, based on the skills acquired by the peer counsellor/VHT in the training.
- ◆ Demonstrate effective communication skills and steps (4 A's) needed to improve WASH behaviours, including negotiating small doable actions through use of the WASH Assessment Tool and job aids.

## Course Methodology

- ◆ Use of structured learning activities: presentations, group discussion, group work, role play, practical exercises, etc.
- ◆ Engaging the peer counsellor/VHTs through active involvement in the exercises and working in small groups.
- ◆ Participants will practice the same activities they will be expected to carry out in their communities and to teach their clients and other household members.
- ◆ The training incorporates the Assessment Tool, and Job aids which the peer counsellor/VHTs will be able to use in the communities where they work.

## Session Methodology, Structure and Length

Each session is based on adult learning principles and is set up as follows:

- ◆ Title page with session objectives
- ◆ Module and session title and time
- ◆ Preparation instructions and necessary materials
- ◆ Detailed training instructions

The first part of the training focuses on participants learning about the health risks related to inadequate water, sanitation, and hygiene practices in the settings where they work. The second part then moves on to learning about the WASH improvement skills and promotion methods they will use themselves, with their clients, and with the families that they serve. The third part focuses on applying the methods and skills that they have learned.

Once the introductory training is completed, regular follow up, supervision, and training should be provided by each organization. This should be based on the evaluation of the introductory course and observations of the peer counsellor/VHTs in the field. It could include discussion of issues or problems faced in their work as well as more in-depth training. Follow up training also should make use of on-the-job mentoring and coaching, supportive supervision, as well as formal refresher training sessions.

### Number of Participants

The ideal number of participants is 20. The facilitator should not work with more than 20 participants since having more participants would increase the amount of time needed for discussion, provide less time for individual practice, and increase the difficulty of facilitating the (large) group, especially for less-experienced facilitators.

### How to Use the Manual, Training Handouts, Assessment Tool, and Job Aids

The training is suitable for peer counsellors/VHTs who have limited literacy skills and relies heavily on the use of visual aids, practical demonstrations, and illustrations.

This training manual provides easy-to-follow instructions to the trainer on how to conduct the sessions. Before putting on the workshop, the trainer(s) should become familiar with the manual and its contents. The manual contains instructions, explanatory trainer notes, and from time to time suggestions about what to say to the participants. The manual has handouts, illustration and samples of visual aids.

The Assessment & Negotiation Tool and job aids are tools that will help the peer counsellor/VHT identify current WASH practices in the household and work with their clients and household members to identify what practices to improve and how to move from current to improved practice. These pictorially based tools can be used by both literate and low literate individuals.

Printing the Assessment Tool and job aids on colored paper helps the peer counsellor/VHT when using the cards in the community because he/she can quickly identify cards by thematic groupings. It is recommended that the cards be printed on the following colors, but of course other colors can be used:

#### DARK GREEN PAPER

1. Assessment and Negotiation Tool

#### ORANGE PAPER (HAND WASHING CARDS)

2. Critical Times for Hand Washing
3. How to Wash Your Hands
4. How to Make a Tippy Tap
5. How to Make Other Types of Tippy Taps

LIGHT BLUE PAPER (WATER CARDS)

6. How to Make Water Safer for Drinking: Boiling
7. Cleaning Drinking Water Storage Containers
8. Taking Care of Drinking and Cooking Water
9. Water Guard Tab Instructions
10. How To Make A Rain Water Catchment Cistern On Your Own
11. Rain Water Harvesting Options

PINK PAPER (MENSTRUAL PERIOD CARDS)

12. Making Reusable Menstrual Pads
13. Disposal or Cleaning of Menstrual Blood Soaked Material

LEMON GREEN PAPER (FAECES & UNIVERSAL PRECAUTIONS CARDS)

14. Safe Disposal of Faeces
15. Faeces Management
16. Making a Commode (Potty Chair)
17. How to Build a Shallow and Hygienic Latrine in Rocky and Sandy Soils
18. How to Build a Traditional Latrine on Stable Soils
19. Cleaning a Female Client
20. Cleaning a Male Client

PURPLE PAPER (FOOD HYGIENE)

21. Food Handling and Preparation
22. Serving and Food Storage

If no color paper is available, you can still distinguish the various WASH cards by using a magic marker (highlighters preferably or regular markers) and a ruler, and running a colored line down ONE edge of the paper, either top or right side.

Many of the handouts throughout the training are replicates of the job aids, giving participants hands on experience working with these tools.

### Training Materials

Calculated for 20 participants, the maximum amount recommended. Adjust as necessary.

Materials	Quantity
Workshop agenda	20
WASH assessment tool	20
WASH job aids	20
Welcome sign for door or wall	1
Name tents/tags/masking tape	20
A watch/clock (to keep track of length of sessions)	1
Easel/stand to hold flip chart paper	1-2

Flipchart (or newsprint) paper (paper should be no smaller than 2.0'x2.5' ft. or 76.2cmx61 cm).	100 pages
Pens or pencils for participant use	20
Notebooks/notepads for participants	20
Markers (4 red, 4 black, 4 blue, 4 green, if possible)	16
Roll of masking tape	3
Coffee/tea for each break; lunch each day for each participant and trainers	20+
Bowl or basin (large enough to collect water for hand washing)	2
Bars of soap (small)	1
Water containers (jug, pitcher, or cup for rinsing or can use jerricans)	4
Basin or bowl of mud (soil mixed with some water to form a thick mud), large enough to be able to dip hands	1
Small bowl of ash (fine powder remaining after wood or coal is burned)	1
Tippy Tap materials (list separately below so have enough per small group). <ul style="list-style-type: none"> <li>◆ Stick (1 metre length for foot pedal)</li> <li>◆ Fine tip marker (to mark hole)</li> <li>◆ Nail (about 6 inches [8- 11 cm] in length)</li> <li>◆ Piece of cloth</li> <li>◆ Candle</li> <li>◆ Matchbook (or lighter or any open flame)</li> <li>◆ 0.5 metre pieces of rope (for the cap)</li> <li>◆ 1 metre pieces of rope (for the foot pedal)</li> <li>◆ 3- or 5-litre jerrican container</li> <li>◆ Piece of soap</li> <li>◆ Stick or piece of wood the same length as the piece of soap</li> <li>◆ Stick, screwdriver or other tool that can make a hole through the soap</li> </ul>	5 of each item (1 set for demo; 4 sets total so that each of the 4 small groups who will build a tippy tap can have one set)
Completed tippy tap	1
Stick (1 meter in length, for tippy tap handle for demonstration on how to build a tippy tap)	1
Bucket or bowl large enough to catch several litres of water	2
Clean towel	1

Half-litre clear plastic bottles of clean water	2
Salt	1 small bag
Thread (or long blade of grass, or long hair; 12 inches)	1
Piece of faeces	1
Jug or small jerrican of water (for rinsing hands)	1
Bottle of Water Guard chlorine solution	1
Sachet of PUR Chlorine product	1
Aqua Safe chlorine tablet (in blister pack)	1
Water Guard chlorine tablet (in blister pack)	1
Long-handled spoon or stirring stick	1
Jerricans full of water with tight fitting lid (for water to use during various demonstrations, like hand washing)	2
Clean long-handled utensil for serving water (dipper, stirring stick, or ladle)	1
Pieces of cloth (tightly woven) with no holes and wide enough to fit over the container for filtering	2
10-litre buckets filled with turbid (muddy) water (PUR demonstration)	1
10-litre empty jerrican (PUR demonstration)	1
20-litre jerrican containers filled with water (one for each of the Water Guard liquid, Water Guard Tab and Aqua Safe demonstrations)	3
20-litre empty jerrican container with a tap (like from PSI or AFFORD); this container will receive the filtered water for the Water Guard Liquid demonstration	1
Enough cups for each participant to taste the water	30+
Tumpeco cup (holds 1/2 litre)	1
Gloves, or other plastic materials to protect hands (for "To Use or Not to Use" game)	20
Rubber bands (to demonstrate how to hold plastic material in place on hands)	2
Pair of medical (latex) gloves	5
Pair of heavy duty ("kitchen"/rubber) gloves	1
Plastic sheeting material (like that used for deliveries) cut 20 X 20 inches (50 X 50 cm; for demonstration of how to cover hands when don't have gloves)	2



Mackintosh or plastic sheet like those used for deliveries (both used in linen changing demonstration and one reused to cover table when working with Jik to protect table from spills)	1
Piece of cloth (same size as Mackintosh or plastic sheet used to protect bed)	1
Bed sheets (one to cover the “mattress” and the other to cover the client)	2
Bottle of Jik bleach (enough Jik to fill one Tumpeco cup, ½ litre)	1
Bucket	1
Water (for Jik demonstration where ½ litre Jik, which is already accounted for in the row above, will be mixed with 5 litres of water)	5 litres
Cloth stained/soiled with dirt (for demonstration of how to soak body fluid soaked rag in Jik solution)	1
Bedpan or small plastic basin	1
Sample bedside commode (a chair with a hole cut in the centre and a bucket placed underneath)	1
Sample plastic pants	1
Sample sanitary napkin/towel	1
Sample cloth or rag for soaking up menstrual blood	1
<b>Additional Materials to Have Printed or Photocopied Prior to the Training</b>	
Evaluation form	20
Pre/Post-Training Assessment Tool	40 (20 for pre and 20 for post-assessment)
Picture Card: Contamination Cycle Picture Card: Importance of Keeping a Strong Immune System	1
Handouts 1-30	20 of each



## Workshop Schedule at-a-Glance

WASH –HIV Integration for Peer Counsellor/VHTs

TIME	DAY 1
8:00-8:30	Registration
8:30-9:10	Introduction to Training
9:10-9:40	WASH Assessment
9:40-10:40	The Effect of WASH on Health and Wellbeing of Households
10:40-11:00	TEA
11:00-12:30	Importance of WASH and HIV
12:30-1:05	Role of Peer Counsellor/VHTs & Intro to WASH Behaviour Change
1:05-2:05	LUNCH
2:05-3:05	Washing Hands With Soap (or Ash) and Water
3:05-4:05	Minimizing Amount of Water Used for Hand Washing
4:05-4:25	TEA
4:25-4:55	Minimizing Amount of Water Used for Hand Washing Cont.
4:55-5:10	Day 1 Evaluation

TIME	DAY 2
8:20-8:30	Recap Day 1
8:30-10:00	How to Treat Your Drinking Water
10:00-10:20	TEA
10:20-10:50	How to Safely Transport, Store, and Serve Drinking Water for Consumption
10:50-12:20	Safe Handling of Faeces, Blood, and Other Bodily Fluids
12:20-1:20	Safe Handling and Disposal of Menstrual Blood
1:20-2:20	LUNCH
2:20-3:20	Using the 4 A's (Assess, Agree, Assist, and Arrange)
3:20-4:20	Action Planning
4:20-4:40	TEA
4:40-5:30	Action Planning Cont.
5:30-5:55	Post Training Assessment and Evaluation

# SESSION PLANS

## Integrating WASH into HIV Programmes

Two-Day Training for Peer Counselors  
and Village Health Teams



# Session 1: Introduction to the Training

---

## Session Learning Objectives

By the end of the session, the participants should be able to:

1. Convey their expectations for the course known.
2. State the purpose of the training.
3. Establish workshop norms.

## Time

40 minutes

## Prep Work

Before you teach:

1. Bring supplies:
  - ◆ Flipchart stand
  - ◆ Markers
  - ◆ Flipchart paper (or newsprint; 100 sheets)
  - ◆ 1 copy of the workshop agenda for each participant (or write the agenda on flipchart paper large enough for everyone to see it and post it at the front of the room)
  - ◆ A 'Welcome' sign to post at the door
  - ◆ Training Handouts, Assessment Tool, and set of Job Aids for each participant
  - ◆ 1 pencil and pad of paper for each participant
  - ◆ Name tents, name tags, or masking tape for participants to write their names and wear (or place in front of them at their table)
2. Prepare a piece of flipchart paper with the following KEY definitions:
  - ◆ **WASH** – This abbreviation stands for Water, Sanitation, and Hygiene. Hygiene = hand washing with soap, menstrual hygiene and food hygiene.
  - ◆ **WATER** – Refers to water in the household that is used for drinking and cooking. This is often referred to as Point of Use (POU).
  - ◆ **SANITATION** – Refers to the proper management and disposal of faeces. The management of menstrual blood is included for purposes of the workshop.
  - ◆ **HYGIENE** – This workshop focuses on hand washing. There are many other

aspects of hygiene (ie, keeping the environment/home clean; personal hygiene, including bathing/teeth brushing etc.), but those will not be covered.

- ◆ **Small Doable Action** – Is a behavior that, when practiced consistently and correctly, will lead to household and public health improvement. It is considered feasible by the householder, from HIS/HER point of view, considering the current practice, the available resources, and the social context.

## Trainer Steps: Introduction to the Training

### A. Welcome and Introductions (20 Minutes)

1. Welcome participants and introduce yourself. Briefly introduce the main aim of the training course, which is to improve the water, sanitation, and hygiene (WASH) actions of HIV peer counsellors and VHTs, their clients, and other household members with the goal of reducing diarrheal disease and transmission of HIV, thereby improving the quality of life of households.
2. Have each participant greet the person sitting next to her/him. Be sure participants ask what name the other person likes to be called, where the person is from, and how long he/she has been working in HIV/AIDS work or community promotion. Go around the group and ask each person to introduce the person s/he has just met.
3. Explain that although participants do not know a lot of the course details yet, you would like them to tell you why they are taking the training and what they expect to know and do once they complete the course. Write the main points on flipchart paper.
4. Ask participants to turn to the Training Objectives, and read them out loud.
5. Distribute to participants a copy of the workshop agenda (or post the agenda written on flipchart paper where everyone can see it). Review the agenda of the training course, point out the breaks, lunch, and ending times.

### B. Norms and Ground Rules (5 minutes)

1. If appropriate, ask the training participants to choose “class representatives” (or a ‘Cabinet,’ which may include such positions as chairperson, timekeeper, welfare organiser, energiser, chaplain, etc.).
2. Note that for any training to be a success, certain guidelines (or norms) help establish an atmosphere for learning. Ask participants what they would like to establish as norms, and record these on the flipchart. Post the norms and ground rules in a visible spot in the room. (Examples include: information shared in the training is kept personal and confidential; turn cell phones OFF

or to vibrate/ no phone talking or texting during sessions; keep to time limits; share, but don't dominate the conversations, etc).

### C. Introductory Exercise and Discussion (15 Minutes)

#### *Large Group Activity*

1. Tell participants that this training course will teach providers the essential skills to improve key WASH practices. Explain that the course also will build on what providers already know and teach practical ways to prevent diarrhoea and other diseases related to water and sanitation issues.
2. Explain that you want to make sure that everyone understands key words in the same way for the workshop. Briefly review the definitions:
  - ◆ **WASH** – This abbreviation stands for Water, Sanitation, and Hygiene. When we say hygiene, we refer to hand washing with soap, menstrual hygiene and food hygiene.
  - ◆ **WATER** – Refers to water in the household that is used for drinking and cooking. This is often referred to as “Point of Use” (POU).
  - ◆ **SANITATION** – Refers to the proper management and disposal of faeces. The management of menstrual blood also is included for purposes of the workshop.
  - ◆ **HYGIENE** – This workshop focuses on hand washing. There are many other aspects of hygiene (such as keeping the environment/home clean; personal hygiene, including bathing/teeth brushing etc.), but those will not be covered in this workshop.
  - ◆ **Small Doable Action** – Is a behavior that, when practiced consistently and correctly, will lead to household and public health improvement. It is considered feasible by the householder, from HIS/HER point of view, considering the current practice, the available resources, and the particular social context.
3. Ask participants for any comments, questions, and clarifications. Write down any larger questions on the “parking lot” flipchart.

### Transition

Thank the attendees for their participation and mention that in the next session, they will assess their own level of knowledge in water, sanitation, and hygiene care.

# Session 2: Water, Sanitation, and Hygiene (WASH) Assessment

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## Session Learning Objectives

By the end of the session, the participants should be able to:

1. Hand in to the trainer a completed copy of the workshop Pre/Post-Training Assessment Tool.

## Time

30 minutes

## Prep Work

Before you teach:

1. Make enough photocopies of the Pre/Post-Training Assessment Tool (Handout 1) so each participant has one copy.
2. Number each photocopy of the self-assessment in sequential order in the space labeled 'Number: \_\_\_\_' at the top right corner (so the first photocopy will be 'Number: 1', the second will be 'Number 2', and so forth).

## Trainer Steps: Assessment Activity

### A. Pre-Assessment Instructions and Test (30 minutes)

1. Introduce the Pre-Assessment Test and make clear to participants that this is not a test, but a way for them to discover where they might want to focus their skill building in the training. It will also help to measure what is working and what needs improvement with the training overall.
2. Distribute to participants a copy of the assessment. Tell the participants that they should NOT write their names on the assessment. Each assessment has a different number and the trainers do not know which number belongs to which person. Ask participants to write down their number in a place where they will not lose it or forget it. They will need the number to get their assessment back and when they complete the assessment again at the end of the training.
3. Ask each person to fill out the assessment by writing responses on his/her paper. Tell participants to leave a question unanswered if they do not know

the answer. Provide detailed instructions in case some participants are unfamiliar with answering questions in this format. Give participants 30 minutes to complete the assessment on their own.



#### TRAINER'S NOTE

You will need to look at the assessment results early in the training course to understand the strengths and gaps indicated in the responses. This will help you know what to emphasize during the training.

4. After 30 minutes, call the time. Collect the completed self-assessments. Explain to participants that they will get their responses back after the trainers have a chance to review them.

### Transition

Ask participants if they have any questions and respond appropriately. Link to the next session, an introduction to WASH and HIV care. Thank attendees for their participation.



## Session 3: The Effect of WASH on the Health and Wellbeing of Households

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### Session Learning Objectives

By the end of the session, the participants should be able to:

1. Describe the connection between the contamination cycle, diarrhoea and poor health outcomes of clients and household members.
2. Explain the importance of hand washing with soap (or ash) and water; treating, safely transporting, storing and serving drinking water; and safe handling and disposal of faeces in breaking the cycle of contamination in the household.

### Time

60 minutes

### Prep Work

Before you teach:

1. For the small group F-Diagram activity, make four sets each of the F-Diagram, each set should have 5 pictures of Transmission routes and 5 pictures of hygienic practices (Handouts 2 and 3).
2. Prepare and pin-up a drawing on a large piece of Manila paper or flipchart paper illustrating the Contamination Cycle Diagram. See diagram on page 102 in the handout section.

### Trainer Steps: Assessment Activity

#### A. Session Introduction (5 minutes)

1. State that in this session, participants will get an overview of WASH and the connection between contamination and diarrhoea, and poor health and wellbeing of households.

#### B. F-Diagram Contamination Cycle: Part One (20 minutes)

*Small Group Activity: Identify and Analyze Different Faecal-Oral Routes*

1. Divide the participants into four groups.
2. Give each group a set of the transmission routes

3. Ask them to draw lines between pictures to show how faeces can make its way into our food and drinking water. They can use chalk or charcoal to draw the connecting lines.
4. Ask them to explain the different routes and make adjustments where necessary.
5. Ask each group what routes are common in their communities.

*Small Group Activity: Identify Hygienic Practices that Prevent Disease Prevention*

1. Give each group a picture set of the hygienic practices / barriers. (Boiling water, Latrine, hand washing, washing fruits.
2. Ask them to identify a “barrier” for each transmission route, how we can BLOCK feces from spreading into the system.
3. Ask them to explain how hygienic practices prevent disease transmission.
4. Ask whether such hygienic practices exist in their community.
5. Ask which hygienic practices can be promoted in their community.



**TRAINER’S NOTE**

Depending on the time allocated time for the activity, the facilitators are advised to visit group by group as they make their presentation.

**C. F-Diagram Contamination Cycle: Part Two (15 minutes)**

*Large Group Presentation and Discussion: Causes of Unsafe Water, Poor Sanitation, and Poor Hygiene*

1. Explain that the term, diarrhoea, is derived from the Greek word meaning “to flow through,” and is a sign of disease in the gastrointestinal tract. It traditionally has been defined as the passage of three or more watery stools in 24 hours.
2. Ask participants why it is so important to prevent diarrhoea. Spend no more than two minutes gathering responses. Write their responses on the flip chart.
3. Ask now if there is any particular reason why we want to prevent diarrhea among people living with HIV/AIDS and in their households in general?
4. Emphasize to participants that diarrhoea continues to be a problem causing illness and death in Uganda and throughout the world. An estimated 1.6 million children under 5 years of age die each year worldwide because of diarrhoea. In Uganda, pneumonia, diarrhoea and malaria remain the lead-

ing cause of child mortality under-5 in the lowest wealth quintile. Diarrhoeal diseases constitute 13% of deaths of children under 5 years (UNICEF 2010)<sup>4</sup> following pneumonia (22%) and malaria (19%). However, we know that improving practices such as safely transporting, storing, and serving drinking water can reduce diarrhoea episodes by as much as 39 percent. Home based water treatment and safe storage in Uganda has shown to reduce the number of diarrhoea episodes users experienced by 25 percent, the number of days with diarrhea by 33 percent, and the frequency of visible blood or pus in stool in HIV-positive Ugandan adults<sup>5</sup>. The presence of soap and a latrine are associated with fewer cases of diarrhoea. On average, improvements to household faeces handling and disposal can reduce sickness from diarrhoea by almost a third in most countries<sup>6</sup>.

5. Discuss why this particularly matters for families living with HIV.
  - ◆ People living with HIV need to get all the nutritive value from available food, and diarrhea flushes away the benefits of good eating. What an irony to wash down ARVs, life saving medicine, with water that can make you sick or even kill you.
  - ◆ Diarrhea and under-nutrition leave an already vulnerable person even more vulnerable to opportunistic infections.
  - ◆ It takes time and lots of water to clean up after diarrhea, both of which are important to conserve, especially in HIV-affected households.
  - ◆ For the whole household, we want to support them to stay healthy, to leave them strong for productive activities and schooling, even for leisure and rest!

#### D. F-Diagram Contamination Cycle: Part Three (15 minutes)

1. Have participants turn to the “Contamination Cycle” drawing which is posted up on the wall (see Picture Card on page 102).
2. Explain that this next activity will focus on a review of the main causes of diarrhoea, also known as the WASH contamination cycle. This cycle is the most common cause of diarrhoea and also is referred to as the “faecal-oral transmission” cycle of diarrhoea. When you say faecal, point to your ‘backside’, then bring your hand to your mouth. Make it light, make it funny. Repeat it a few times, faecal-oral, faecal-oral.
3. Explain the key ideas illustrated in the Contamination Cycle Diagram while pointing to each step. Ensure the following elements are discussed in the session:

<sup>4</sup> Source: CHERG/WHO/UNICEF for distribution of causes of neonatal and under-five deaths (published in Liu et al, Lancet 2012)

<sup>5</sup> Lule JR, Mermin J, Ekwaru JP, Malamba S, Downing R, Ransom R, Nakanjako D, Wafula W, Hughes P, Bunnell R, Kaharuza F, Coutinho A, Kigozi A, Quick R. Effect of home-based water chlorination and safe storage of diarrhea among persons with human immunodeficiency virus in Uganda. *Am J Trop Med Hyg.* 2005 Nov;73(5):926-33.

<sup>6</sup> [http://www.unicef.org/wes/index\\_31600.html](http://www.unicef.org/wes/index_31600.html)

**WASH Contamination Cycle Diagram - Key Ideas**

- Diarrhoeal disease often is caused by eating food or drinking water that is contaminated by human and/or animal faeces.
- This diagram shows the way that germs that cause diarrhoea make people sick is mainly when people eat them or get them in their mouths usually through the “5 F’s”: fingers (hand), flies (insects), fields (defecation outdoors), fluids (water supply), or food.
- The contamination cycle starts with people (represented here by a child) and animals defecating in the open.
- Faeces come into contact with the soil and contaminate people and animals.
- Faeces on the ground attract flies, and flies contaminated with faeces land on food, which people eat.
- People who do not wash their hands after defecating spread germs in their surroundings and on food.
- Faeces in the soil contaminate water sources and then people consume contaminated water.

4. Explain to participants that contamination by all of these routes occurs every day and causes diarrhoea, especially affecting children and people whose immune systems already are compromised (elderly and the ill), occasionally leading to death.
5. ASK how much diarrhea could be prevented by improving the three WASH practices – hand washing with soap, safe feces disposal and safe handling and treatment of water??

Answer: Almost all!! Explain that it is estimated that 90 percent of all cases of diarrhoea can be attributed to these three major causes:

- ◆ Inadequate faeces disposal
  - ◆ Poor hand washing
  - ◆ Contaminated water
6. Remind participants that certain hygienic practices have been proven to have the greatest potential for preventing diarrhoea because they reduce the transmission of germs. They are:
    - ◆ Safe handling and disposal of faeces
    - ◆ Correct hand washing at critical times

- ◆ Safe drinking water: Including its treatment and safe transportation, storage and serving

7. Ask if anyone has any questions and respond appropriately.

### E. Session Review (5 minutes)

#### The Effect of WASH on the Health and Wellbeing of Households

- Diarrhoea is the passage of three or more watery stools in 24 hours. It causes high amounts of death and illness in Uganda and throughout the world. Diarrhoea causes dehydration, malnutrition, and financial burden on the household and poor quality of life of household members.
- Poor sanitation, unsafe water and unhygienic practices cause other illnesses (besides diarrhoea) and slow childhood physical development and poor school attendance and performance, and opportunistic infections among people living with HIV and AIDS.
- The contamination or “faecal-oral transmission” cycle includes:
  - » People and animals defecating in the open;
  - » Faeces spread on the ground and come in contact with soil, which contaminates people and animals;
  - » Faeces on the ground attract flies;
  - » Flies contaminated with faeces land on food, which people eat;
  - » People who do not wash their hands after defecating spread germs in their surroundings and food;
  - » Faeces in the soil contaminate water sources and then people consume contaminated water.

### Transition

Thank the participants for their participation and mention that in the next session they will learn the importance of WASH for people living with HIV and AIDS.

# Session 4: The Importance of WASH and HIV

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## Session Learning Objectives

By the end of the session, the participants should be able to:

1. Identify why poor water, sanitation, and hygiene practices have a negative impact on a client's immune status, especially for people living with HIV and AIDS.
2. Describe the additional water, sanitation, and hygiene needs of people living with HIV and AIDS and their care givers.
3. In the context of WASH care, identify specific ways that people living with HIV and AIDS and their care givers are often stigmatised.

## Time

1 hour 30 minutes

## Prep Work

Before you teach:

1. For the pile sorting exercise in Part C, make four photocopies of Handout 4: WASH and HIV Myths and Misconceptions (5 pages). Take the photocopies and cut along the dotted line and organise them into four sets (one set per small group) with a copy of each illustration/statement in each set. See Trainer Note in the session for variations on this exercise if four photocopies are not feasible.

## Trainer Steps: The Importance of WASH and HIV

### A. Quick Review: What Are HIV and AIDS? (5 minutes)

1. Acknowledge that most of us know about HIV and have been affected directly by it. Ask participants what HIV and AIDS mean and whether they can explain the difference between the two. Write their responses on the flipchart. Include correct and incorrect information.
2. Explain the linkage between the good WASH care for people living with HIV and/or AIDS.
  - ◆ People living with HIV need to get all the nutritive value from available food, and diarrhea flushes away the benefits of good eating. And what an



irony to wash down ARVs, life saving medicine, with water that can make you sick or even kill you.

- ◆ Diarrhea and under-nutrition leave an already vulnerable person even more vulnerable to opportunistic infections.
- ◆ It takes time and lots of water to clean up after diarrhea, both of which are important to conserve, especially in HIV-affected households.
- ◆ And for the whole household, we want to support them to stay as healthy as possible, to leave them strong for productive activities and schooling, even for leisure and rest!

3. Ask participants to turn to the hand out to the section labeled, **The Difference between HIV and AIDS**. Ask participants to look at two pictures of an HIV-positive client, named Joseph (see copy below).

- ◆ Explain how in Picture 1, Joseph is living with both HIV and AIDS. HIV has beat up Joseph's immune system, or his natural defense system, which should help to keep him healthy. He is very sick. Explain that in Picture 2, Joseph has been taking medication (anti-retroviral medications, or ARVs) that are helping his body fight the virus, and he is feeling healthy and well. He is still living with HIV, but his immune system is strong, and he no longer is considered to have AIDS.



Picture 1



Picture 2

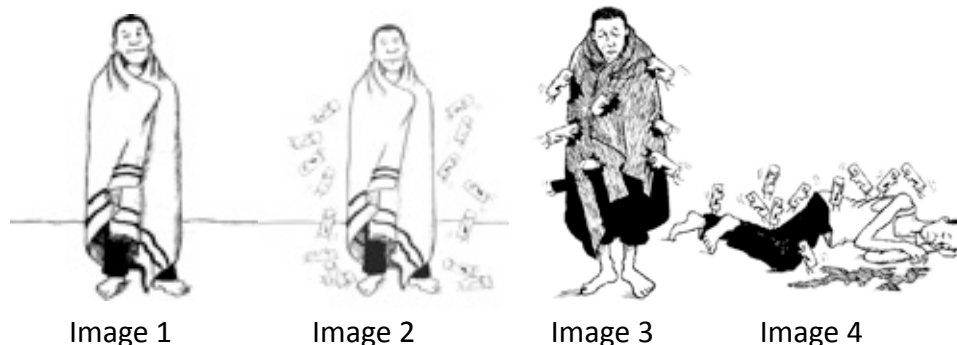
#### B. Linkages Between Germs, HIV, and WASH (10 minutes)

1. Explain that transmission of an infectious disease may occur through one or more pathways. Tiny microorganisms, or germs, can enter the body and cause sickness. They enter through openings in the body, like the mouth, nose or a cut. Some germs are passed through body fluids. HIV is a type of germ called a virus. It is very unique because it cannot be killed once it is in your body, just controlled with medications and by taking care of yourself and living pos-



itively. Once HIV gets in the body, it will always be there, and that person will always be HIV-positive.

2. Explain that everyone has an immune system that fights off germs. Good water, sanitation, and hygiene practices help keep the immune system healthy.
3. Show the group **Picture Card: Importance of Keeping a Strong Immune System by Practising Good WASH Practices: Progression of HIV to AIDS** (page 103).
4. Explain each of the four images in the picture, as listed below:



- ◆ **Image 1:** Look at the first image. Think of the body's normal immune system as a warm, protective blanket that fights off germs and keeps a person healthy and free from illness.
- ◆ **Image 2:** Look at the second image. When HIV comes into the body, it begins to attack the immune system, much like a moth that starts to chew on a blanket but you cannot really see the hole. You can have HIV but not look or feel sick.
- ◆ **Image 3:** In the third image, with no good care and with poor water, sanitation, and hygiene (e.g., drinking unsafe water, putting germs into your body with contaminated hands or food), HIV keeps destroying the immune system. The immune system can no longer fight off germs. Just like when a blanket gets holes in it, it cannot keep you warm. Without the immune system's protection, it is easy to get sick with an illness or an "opportunistic infection." This means that a weak immune system presents an "opportunity" for a germ to infect and cause a lot of unnecessary illness, including diarrhoea. This is one reason people living with HIV are more likely to have diarrhoea than people who are not living with HIV.
- ◆ **Image 4:** Look at the fourth image. HIV has made the immune system so weak that it cannot work anymore. The warm, protective blanket that fought off the germs is now gone. This has now caused AIDS (Acquired

Immune Deficiency Syndrome). At this stage, it is very easy for people living with AIDS to die of opportunistic infections. They actually die of the opportunistic infections that they get when they have AIDS, and they do not die from HIV.

5. Remind participants that not everyone with HIV appears sick. This is because there are stages of HIV and AIDS infection. Over time, one stage leads to the next and people who do not get good care (e.g., ARVs, treatment of opportunistic infections, good nutrition, etc.) and who do not take measures to keep themselves healthy will get sick. Good water, sanitation, and hygiene (WASH) practices are important things that people living with HIV and AIDS need in order to keep healthy to prevent opportunistic infections such as diarrhoea, mouth diseases, skin conditions, etc.

### C. Common Myths and Misconceptions of WASH and HIV (30 minutes)

#### TRAINER'S NOTE



*If you **are able to make four sets of copies** of WASH and HIV Myths and Misconceptions found in the back of the manual, prepare the photocopies before this session so you can easily transition into the small group work and discussion. To prepare the sets, make four photocopies of, WASH and HIV Myths and Misconceptions. Then, cut the photocopied pages along the centre dotted line where it reads “cut here.” Organise the pieces of paper into four separate sets, with one copy of each illustration/statement in each set for a total of 10 pieces of paper in each set. Each of the four groups will receive one of the sets of illustrations/statements.*

*If you **are NOT able to make four sets of copies**, this exercise can be modified. Instead of dividing the participants into four small groups, keep all the participants in a large group and photocopy one set of papers. Show one illustration/statements to the participants and read the statement out loud. The participants should be instructed to raise a hand if they think the statement is TRUE and to not raise their hands if they think the statement is FALSE (or the trainer can choose another signal that may be more appropriate if raising a hand is not suitable). If the participants disagree on the answer, lead a discussion until the correct answer is reached. Repeat this for each of the illustrations/statements.*



#### SMALL GROUP ACTIVITY

1. Explain that the next learning exercise is a small group activity to clarify some of the common myths and misconceptions (or wrong beliefs or mistaken

- ideas) that may exist in the Peer counsellor/VHT's community. Explain that in this "two pile" TRUE/FALSE sorting exercise, where each group will be handed 10 pieces of paper which have different statements and illustrations/pictures. Each small group will discuss each illustration/picture and then determine whether the statement on the activity card is either a TRUE (fact) statement or a FALSE (fiction) statement. Each group will form two piles - one pile of papers for the TRUE statement and a separate pile for the FALSE statements.
2. Divide the participants into four groups. Hand each group one set of the Myths and Misconceptions Activity Papers (stack of 10 pieces of paper which include the image and statement).
  3. Ask the groups to designate two separate spaces within their small groups where they can pile their pieces of paper either into a TRUE pile or into a FALSE pile.
  4. Ask a representative from each group to read their answer to each statement starting with the first picture/statement. This should create a discussion until an agreed answer is reached.

#### TRAINER'S NOTE



Answer key is for the trainer's use only. While the small groups are presenting their decisions, check their responses by using the key below.

Number	WASH & HIV "MYTHS AND MISCONCEPTIONS" STATEMENTS – ANSWER KEY	TRUE OR FALSE
1	HIV can be spread by handling the diarrhoea and soiled bed linens of a bedridden client.	FALSE
2	A household member can get HIV by handling with their bare hands (no gloves/plastic material) a sanitary towel/napkin, cloth or banana fibre which is soaked with menstrual blood from an HIV-positive female client.	TRUE
3	A person can get HIV by sharing a toilet/latrine with someone who is HIV-positive.	FALSE

4	Soaking cloth that is saturated with HIV-infected menstrual blood for at least 20 minutes in very soapy water with a lot of bubbles, then rinsing and drying it in the sun WILL kill the HIV virus and other “germs” (like Hepatitis) and adequately clean the cloth so it can be reused.	FALSE
5	Switching between breast milk and formula or animal milk is healthy for a baby and strengthens the baby’s digestive tract. This prevents HIV from passing from an HIV-positive mother to her baby.	FALSE
6	An HIV-negative person can get HIV by drinking treated water from an HIV-positive person’s jerrican.	FALSE
7	Putting plastic material or gloves on your hands while handling a client’s faeces will help reduce the risk of spreading germs that cause diarrhoea.	TRUE
8	Handling a client’s HIV treatment medication without first washing your hands could make the client get diarrhoea or other illnesses.	TRUE
9	Surfaces covered with blood or faeces can be soaked for 20 minutes with a 1 part Jik to 9 parts water solution to kill HIV and the germs that cause diarrhoea.	TRUE
10	HIV can be spread to a Peer counsellor/VHT if the provider bathes an HIV-positive client (assuming that: (1) the Peer counsellor/VHT is not using any gloves/ plastic material to cover his/her hands and (2) the client and Peer counsellor/VHT do not have any sores or cuts on their skin).	FALSE

5. Thank the participants for their answers.
6. Ask participants to turn to the hand out, to the table: How HIV is Spread and Not Spread .
7. Ask participants to look at ALL the Columns and read out loud.
8. Ask participants for any questions and make the necessary clarifications if any. “
9. Explain to participants the following important facts:
  - ◆ Typically, HIV can only live/survive outside the human body for a few sec-

onds, so it is very difficult to spread HIV outside of the body (low risk of environmental transmission).

- ◆ The length of time HIV can survive outside the body depends on the quantity or amount of HIV present in the body fluid and the conditions (hot, cold, humidity, etc.) to which the fluid is subjected.
- ◆ The details on how long and how well HIV can survive outside the body are still under scientific debate, therefore, it is critical that Peer counsellor/VHTs and household members treat all blood or any body fluid carefully, as if it could potentially transmit the HIV virus.
- ◆ Explain that chances of becoming infected with HIV by handling a body fluid are extremely small because that fluid will rarely have access to a person's bloodstream. However, emphasise that all Peer counsellor/VHTs, clients and household members must take special precautions when handling ANY blood, body fluids, or body solids of ANY client to ensure they are protected from any disease transmission. These special precautions, often called universal precautions (or also standard precautions), will be discussed in detail in a later session.

10. Congratulate the participants for successfully completing the HIV Myths and Misconceptions Activity.

#### **D. Case Study: Identifying the Linkages Between WASH and HIV (40 minutes)**

1. Explain that as someone lives with a chronic illness such as HIV, their needs for improved water, sanitation, and hygiene care increase.
2. Ask participants to turn to Case Study 1: Identifying the Linkages Between WASH and HIV in their hand out. Explain that they are going to work in pairs on this case study to learn more about WASH and HIV. State the overall purpose of the Case Study is for participants to identify (1) the increased WASH needs of people living with HIV; and (2) ways that stigma can be a barrier to providing quality WASH care.
3. Encourage participants to listen carefully to the case study to be read aloud by a volunteer. Ask participants to take mental or written notes when they hear the case study say anything about either (1) WASH needs or (2) examples of stigma.
4. Ask for a volunteer to read the case study out loud.



### Case Study: Anne and Robert

**Anne** and Robert are a married couple living in Kampala. Robert got sick in 2001 and tested to be HIV-positive. A few years ago, Anne also became sick and was found to be HIV-positive. As Robert and Anne became weaker with HIV, they moved to Anne's sister's house. Anne's sister, Florence, agreed to help take care of them until Robert and Anne became well enough to live on their own again.

An HBC provider in Florence's community eventually helped Robert and Anne get on ARVs at the clinic and provides them with support in the home. The HBC provider even provided them with a new jerrican for water and a bottle of the Water Guard chlorine solution so they could treat their drinking water so it was safe to drink when taking their pills. When Robert and Anne started filling their new jerrican at Florence's neighbour's water tap, they soon heard neighbours gossiping about them and whispering when they thought Anne and Robert weren't looking. Robert and Anne knew the neighbours were talking poorly about them and they felt guilty and ashamed. The next door neighbour confronted Florence and asked if someone living with HIV was staying in the home. He said that visits from the HBC provider and the water container mean that someone with HIV must be living in the house.

Very soon thereafter, the neighbour stopped sharing their water tap with the household. As a result, Florence had to cut back on the amount of food she could buy for the home in order for water to be bought and delivered to the house for cooking, drinking and other household needs. The family has also run out of Water Guard solution and is unable to buy another bottle. They have started drinking local, untreated water.

The HBC provider has noticed on recent visits that Robert and Anne began to complain of frequent bouts of watery diarrhoea and weakness. When the HBC provider visited the home, there were many water containers (basins, jerricans and pots) which were scattered in the compound. Most water containers were very dirty and so was the water in them. The HBC provider also noticed that Robert was too weak to walk to the community latrine and had begun to defecate in the yard at night when neighbours were not likely to notice. The HBC provider also noticed that there was no soap or hand washing station in the home. When the HBC provider went with Robert to the clinic, they were told that Robert's CD4 count had decreased since he had become so weak with the diarrhoea.

For the last couple of weeks, Anne has been feeling better. One day, she decided to surprise her sister by cleaning the house. When Florence returned from work, she was shocked to see that Anne was cleaning. She told Anne that she was too sick to be cleaning and she would prefer to clean her own house.

5. After reading the case study, ask participants to think about the client in the case study and the household situation. Next, ask participants to turn to the person next to them to discuss and answer the following two questions on the flipchart:
- ◆ Case Study Question 1: What are the specific water, sanitation, and hygiene needs of Robert and Anne?
  - ◆ Case Study Question 2: List at least two ways that the family was stigmatized because of Robert and Anne's HIV status.

#### TRAINER'S NOTE



You might remind people that stigma is a label that associates a person to a set of unwanted characteristics that form a stereotype. Individuals or groups may isolate or actively exclude the stigmatized person.

6. After 5 minutes, ask participants to share their answers and record them on the flipchart.
7. Explain that experience and evidence have shown that the WASH needs of people living with HIV and their families are significantly greater than for those people who are not living with HIV in their households. A few examples include:
- ◆ More water is required for cleaning diarrhoeal, soiled clothing and bed sheets, and keeping the household generally clean .
  - ◆ Unfortunately, people with HIV/AIDS are often fired from their jobs or excluded from income generating activities, so additional water can be useful for growing food or rearing small animals for consumption and/or income generation.
  - ◆ Poor WASH practices can make it easier to get opportunistic infections among people living with HIV and AIDS. A compromised immune system provides an opportunity for germs to infect those living with HIV and cause unnecessary illness. Poor water, sanitation, and hygiene can easily increase such opportunity, and problems like skin conditions, diarrhoea, etc. can commonly occur.
  - ◆ Improved access to water, sanitation, and hygiene reduces the burden on households caring for HIV-affected family members. Less time spent on fetching water allows caregivers – usually women and girls – more time and energy for coping with the disease or for earning income for the



home.

- ◆ Appropriate faeces handling and disposal practices also help to ensure that people living with HIV, many of whom experience severe bouts of diarrhoea, are isolated from feces, so they don't need to lay or sit in their own feces, nor does it run the risk of entering food or water in the household.

8. Remind participants that households affected by HIV face a lot of unnecessary stigma because they take special precautions to protect their immune system to stay healthy that open might expose their status and thus open them up to stigma (e.g., use water treatment or storage supplies).
9. Explain to participants that one of the most important ways they can reduce stigma and discrimination in their community is to be a role model by respecting and caring for people living with HIV and to correct any misunderstandings about how HIV can be spread.

#### E. Session Review (5 minutes)

1. People living with HIV have a compromised immune system which presents an “opportunity” for a germ to infect and cause unnecessary illness. HIV progresses to AIDS and people die of opportunistic infections, not from the HIV virus itself.
2. The HIV virus is transmitted during unprotected sexual penetration, sharing needles or other skin cutting/ piercing instruments (such as knives) or through significant and direct exposure to infected blood.
3. HIV can only being transmitted through CERTAIN bodily fluids:
  - ◆ Semen
  - ◆ Blood
  - ◆ Vaginal fluids

4. Bodily fluids that can **NOT** transmit HIV include:

◆ Saliva	◆ Vomit
◆ Tears	◆ Urine
◆ Sweat	◆ Feces

5. There is either not enough of the virus found in these fluids to infect another person with HIV, or the virus is just not present. However, if urine, feces, saliva, or vomit contain blood, there would be a possibility of transmitting the infection.

6. HIV can only live/survive for a few seconds outside the human body. Therefore, it is very difficult to spread HIV outside of the body. However, all Peer counsellors/ VHTs must take special precautions when handling ANY blood, body fluids, or body solids of ANY client to ensure HIV or general infection is not spread.
7. Stigma and discrimination can keep people living with HIV from doing what they need to do to stay healthy, especially the way in which people living with HIV and AIDS wash their hands; treat, transport, store and serve their drinking water; and handle and dispose of faeces and menstrual blood. Peer counsellor/VHTs must be a role model by respecting and caring for people living with HIV and to correct any misunderstandings about how HIV can be spread. The more everyone practices improved WASH, the less it will stand out and be stigmatized. It is especially important for respected people like officials, respected elders, religious leaders, successful entrepreneurs and health workers to share water sources, latrines and meals with families affected by HIV, to destigmatise the behaviors and diminish fears.

### Transition

Thank the participants for their participation and tell them that in the next module, they will learn more about their role in improving water, sanitation, and hygiene behaviours as an Peer counsellor/VHT.

# Session 5: The Role of Peer Counsellors/ VHTs in WASH Care

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## Session Learning Objectives

By the end of the session, the participants should be able to:

1. Describe their role in improved water, sanitation, and hygiene care as a Peer counsellor/VHT.
2. Identify how Peer counsellor/VHTs can help clients, their household members and other community members improve their practices in water, sanitation, and/or hygiene.

## Time

35 minutes

## Prep Work

No prep work is necessary for this session.

## Trainer Steps: The Role of Peer Counsellors/VHTs in Water, Sanitation, and Hygiene Care

### A. Session Introduction (5 minutes)

1. Ask participants to take 2 minutes to share their current roles at their place of work. The purpose is for the facilitator to identify the WASH practices they can promote within their scope of work. Record participant responses on a flipchart.

### B. WASH Responsibilities of Peer Counsellor/VHTs (15 minutes)

1. Ask the group what they think the roles and responsibilities are of a peer counsellor. During the discussion make sure the key points outlined below are brought up and discussed.

### TRAINER'S NOTE



The description includes the following:

- ◆ The Role of the Trained Peer counselor/VHT in Providing Water, Sanitation, and Hygiene (WASH) Care
  - ◆ Peer counsellor/VHTs will take the 'small doable actions' approach (*that we will talk about more throughout this training*) to improve their own practices in water, sanitation, and hygiene, and will be a positive role model in the communities and households where they work.
- ◆ Working with their organization and the households they serve, the Peer counsellor/VHT will continuously assess the needs of the client and the client's household and determine where to start improving the client and the client's household water, sanitation, and/or hygiene practices.
- ◆ Peer counsellor/VHTs will be responsible for conducting a wide variety of WASH activities in their communities and households with a wide variety of audiences including individuals, families and groups. This means the Peer counsellor/VHT will use his/her skills and tools to focus on WASH in their home visits. The Peer counsellor/VHT also will demonstrate good WASH practices to household members and help clients and families improve their WASH practices over time.
- ◆ Peer counsellor/VHTs will assist households in advocating for and obtaining the supplies that will help them improve their WASH practices (e.g. soap or ash for hand washing, gloves or plastic material, etc). They will link and refer clients (and the clients' households) to supplies and other resources that may be available in their communities or organisations.
- ◆ Peer counsellor/VHTs should be fluent in local languages of the communities in which they work, as well as demonstrate excellent interpersonal communication skills and sensitivity to local practices and traditions.
- ◆ Peer counsellor/VHTs will monitor the WASH activities in the households they serve and keep records in accordance with their organisations' requirements. They will use their records to help track progress of the households as they improve their WASH practices.
- ◆ Peer counsellor/VHTs will work inside the program framework of their health unit/organization and will help the organization adapt and use the messages and tools from this WASH training to their local context.

2. Explain to participants that as Peer counsellor/VHTs, they have a responsibility to help their clients and their families improve water, sanitation, and hygiene (WASH) practices, including treating, safely transporting, storing and serving drinking water; safe handling and disposal of faeces; safe handling and disposal of menstrual blood; and hand washing with soap (or ash) and water. Peer counsellors /VHTs need to be able to recognise protective (“good”) and higher risk (“bad”) behaviours and help their clients and their families improve their behaviours from less protective to more protective behaviours. This will be discussed further in later parts of the training.
3. Ask the large group to share what questions they have about their WASH roles as Peer counsellors/VHTs. Record these on flipchart. Explain that you will come back to these questions at the very end of the WASH training course, and that by that time, many will have been answered. Post the questions prominently so they are visible during the course. These questions might be posted next to the conclusions participants drew about local WASH conditions in the areas where they will be working.
4. Review the main points about a peer counsellor/VHTs role below:
  - ◆ Peer counsellor/VHTs are the bridge between the formal health, water, and sanitation systems in community and Uganda.
  - ◆ Peer counsellor/VHTs have a critical role and responsibility in helping their clients and the clients’ households to improve their practices in water, sanitation, and hygiene, especially to safely treat, transport, store and serve drinking water; safely handle and dispose of faeces; safely handle and dispose of menstrual blood; and wash their hands.
  - ◆ People usually ‘do what they do’ without being aware of all the reasons WHY. Perhaps it’s ‘always been done that way’, or it’s the best alternative at the moment, given their situation.
  - ◆ As a VHT, your job is to HELP the household move from their current practices, in this case their current WASH practices, to better ones. People rarely go from their current practice to the IDEAL practice.
  - ◆ The approach we are promoting for improved WASH is to identify ‘small doable actions’ that move the household from current to somewhat better practice.

### C. Small Doable Actions (15 minutes)



#### MINI-LECTURE

1. Tell the participants that we can’t WAIT for the big infrastructure to take action. There are things we can DO NOW, STARTING TODAY OR TOMORROW,

that will make a difference and start us down the road to IMPROVING WASH.

2. We call these immediate steps “SMALL DOABLE ACTIONS.” They may be less than ideal, but they make things a little better, cleaner, healthier, and more dignified. They move TOWARD the ideal, but are possible NOW, in the current context with resources and supplies we have on hand right now. There are small doable actions that support ALL the WASH behaviors.
3. For instance:
  - ◆ We can all find some sheet metal or some nails to fix the hanging door on the latrine, or give more privacy by hanging an old cloth or patching the gaps in the straw wall surrounding the family latrine.
  - ◆ A household may not have soap, but they probably have ASH.
  - ◆ A household may not have a bedside commode, but there may be an old stool they could convert into a bedside potty.
4. Explain that small doable actions aren’t just about “things” either. For family members, it is progressively moving up to better practices...that can be adopted without additional resources or with minimum added resources...” e.g. from not washing hands at all, to setting up a hand washing station and washing hands correctly with ash after visiting the toilet.
5. Tell the group, let’s step away from just talking about WASH. If you want to promote, say, increased physical exercise for health and weight control... What would be the ideal?? Well, public health experts say a minimum of 30 minutes of aerobic exercise at least four times a week. But is it possible for you or I start tomorrow, to go jogging four times a week for an hour, or go to the gym to take aerobics classes??
6. Ask one or two participants if they are ready to go running for an hour instead of the lunch break.

#### SMALL DOABLE ACTION DEFINITION

A small doable action is a behavior that, when practiced consistently and correctly, will lead to household and public health improvement. It is considered feasible by the householder, from HIS/HER point of view, considering the current practice, the available resources, and the particular social context. Although the behavior may not be an “ideal practice”, a broader number of households will likely adopt it because it is considered ‘feasible’ within the local context.



7. It's hard to go from our current practice to the ideal. But to increase exercise, we can take the stairs instead of the lift, or walk our child to their lessons, or perhaps do the garden work or housework with a little more vigor.
8. These would be small doable actions for increasing aerobic exercise, moving from current practice towards the ideal. Ask the group, why do these qualify as small doable actions?? What are the two criteria of a small doable actions??

Answers: write these on the flip chart

- ◆ must be feasible IN THE EYES OF THE DOER
- ◆ must have a public health impact

9. Ask what do we mean by a public health impact?? You can't just SING the happy hygiene song. You can't just buy a cute jogging suit. It might be feasible, but it has no direct impact. You can't just sign UP for the gym, or a class, you need to GO!
10. Throughout this training, we will be identifying small doable actions for improving WASH behaviors, including improved hand washing, safe disposal of feces, food hygiene, safe water and menstrual hygiene management.
11. All these small doable actions have to be feasible, in this case, for a household living with HIV... AND have an impact for reducing diarrhea in the house.
12. So now we will go through each of the behaviors that BLOCK fecal – oral contamination, then talk about SMALL DOABLE ACTIONS for households to move toward the ideal. You'll learn how to NEGOTIATE these practices... not just TEACH OR PREACH, but help households overcome barriers and agree to try SMALL DOABLE ACTIONS FOR IMPROVED WASH.
13. Close the session by saying that now they have a general idea of what they are expected to do, they will be spending the next day and a half getting ready. Say that they will have time together to learn technical information about WASH and will explore the participant's hand out/job aids that will help them in the field. Invite them to refer back to their self-assessments to make sure they are getting what they need to be fully ready, if appropriate.

# Session 6: Washing Hands with Soap (or Ash) and Water

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## Session Learning Objectives

By the end of the session, the participants should be able to:

1. Describe 'critical times' for hand washing.
2. Demonstrate correct hand washing practices using soap (or ash) and water.
3. State where to place a hand washing station.

## Time

1 hour

## Prep Work

Before you teach:

1. Assemble all the supplies needed for the hand washing demonstrations:
2. 1 small bar of soap
3. 2 bowls or basins (katasa large enough for hand washing)
4. 1 jerrican (or container) full of water—it is not necessary for the water to be treated
5. 1 small bowl of ash (the fine powder remaining after wood or coal is burned)
6. 1 clean towel
7. For each participant, have one of each of Handout 5: Critical Times of Hand Washing and Handout 6: How to Wash Your Hands

## Trainer Steps: Hand Washing with Soap (or Ash) and Water

### A. Session Introduction (5 minutes)

1. Say that during this session, the participants will learn when it is most important to wash their hands, how to properly wash their hands with soap, and the use of ash if soap is not available.

### B. Climate Setter: Passing Germs onto Our Hands (10 minutes)



#### LARGE GROUP ACTIVITY

1. Start the session with an activity as participants enter the room to make them aware of how easily and quickly hands can spread germs.

2. Dip the palms of your hands into a bowl filled with mud or turmeric powder or glitter (or chalk powder, colored dyes).
3. Shake hands with some participants, inconspicuously reapplying the mud or turmeric/glitter as necessary.
4. Ask participants to greet each other and shake hands, too
5. Touch other surfaces in the classroom, leaving a trail of mud or turmeric, glitter/powder/chalk powder.

Ask the following questions:

- ◆ What has happened to our hands and our friends' hands as we shook them?
- ◆ Where else do you see the turmeric/glitter?
- ◆ If the powder were feces or disease germs, what would that indicate about contamination?
- ◆ How about in a school, a church, or marketplace where there are many people close together?

Possible answers might include:

- ◆ Person-to-person contact spreads germs or feces contamination
  - ◆ Germs clinging to unclean hands can easily get on food and from food into mouths
  - ◆ The number of germs on hands soars after using the toilet
6. Imagine you were about to cook for the family your love, or sit down with the family and enjoy a meal. Just before you started to eat, you noticed your hands were covered with mud or turmeric/glitter (or chalk powder, etc.). The mud/powder represents just a fraction of the germs from feces present on our hands. Imagine that we could see our hands covered with millions of feces germs. Would you want to eat food or feed an infant with those hands? Would you continue eating? What would you do?

**“WASHING HANDS BEFORE EATING”  
is important.**

7. Wash your hands and have the Volunteer wash his/her hands.
8. Lead a short discussion with the large group about how our hands are always dirty with germs even if we can't see or smell the germs. Explain that we

transmit germs from one person to another with our hands that are always in contact with many germs throughout the day e.g. after defecating. No matter what material is used to clean after defecating, hands still get dirty from the faeces, even if the dirt (germs) cannot be seen or smelled. For this reason, both hands should always be washed using water and soap or ash after defecation or after going to a latrine (critical times for hand washing will be discussed in detail in the next section).

9. Explain that one very common way infections are transmitted is by hands. Studies conclude that hand washing at critical moments could reduce the risk of diarrhoeal disease by as much as 45 percent<sup>4</sup> and also suggest that unclean hands contribute to the spread of respiratory infections.
10. Re-emphasize that the most dangerous germs that enter the body are from hands that have not been cleaned after using the latrine. Then, transition to the discussion session on when we wash our hands.

### C. Critical Times to Wash Our Hands (15 minutes)

1. Ask the participants to tell you the times they usually wash their hands. Write their responses on the flip chart.
2. Say there are “critical times” for Peer counsellor/VHTs and caregivers to wash their hands because of the special things they do in taking care of a client. For instance, they need to wash their hands after cleaning the sick person’s faeces/“private part” area (to get the germs from the faeces off their hands so they do not spread them). They also frequently handle medications and need to wash their hands before they touch them (so that they do not get germs onto the medications). Care providers/givers often also clean and dress wounds and need to wash their hands before and after because the pus in wounds can have many germs (such as viruses, including HIV) that can spread illness.
3. Pass out the Handout: Critical times of Hand Washing. Read together with the participants.
4. Say that these critical times were chosen because they focus on our mouths (putting food in our mouths, putting food in someone else’s mouth, getting food that will be put in our mouths ready) and handling faeces/cleaning our “private parts” (the rectal area and genital area of the perineum). The main reason that the critical times focus on our mouths and handling faeces/

<sup>4</sup>V. Curtis and S. Cairncross. 2003. Effect of Washing Hands with Soap on Diarrhoea Risk in the Community: A Systematic Review. *Lancet Infectious Diseases* 3: 5 275 – 81.

cleaning of the “private parts” is because getting the “germs” that are in faeces into our mouths (through our hands, food, water, etc.) is what can cause many illnesses, including diarrhoea. By washing our hands at these critical times, we can prevent getting germs (the 5Fs).

5. Ask participants, “What makes it hard for people to wash their hands at all the critical times? Why don’t people do it now?” What would make it easier to hand wash?. Write their responses on the flipchart.
6. Acknowledge that lack of hand washing supplies (water and soap) is a common reason why people do not wash their hands. There is also little ‘social norm’ for washing hands... you don’t feel the social pressure to wash... Except with THIS group, now everyone will be watching! And we’ll see the impact on this group for washing before lunch!
7. Now we will review the best technique for washing your hands with soap.

#### **D. How to Wash Your Hands with Soap or Ash (15 minutes)**



#### **LARGE GROUP ACTIVITY**

##### Correct Hand Washing Technique

1. Invite one or two volunteers to demonstrate how people in their communities usually wash their hands.
2. Allow one by one volunteer to demonstrate and tell the participants to observe closely the volunteer’s actions because when he/she is finished, you are going to ask some questions about what he/she did.
3. Ask the group if this is a typical wash? What was done well, and what steps were skipped?
4. Now ask for two volunteers to show the ‘perfect’ wash. Tell the group to watch carefully because they will need to critique how well the volunteer does.
5. Without making it obvious to participants, catch the water from each hand wash in the basin, and set aside after each wash, or pour into a pitcher or open container. You will measure this amount LATER, to compare with tippy tap wash.
6. Ask the participants to discuss what was done well, what steps were skipped, what loop holes they observed.

7. Pass out the handout, How to Wash Your Hands with Soap (or Ash). Ask a participant to read the text out loud.
8. Discuss the following questions:
  - ◆ What is the function (“job”) of the soap and rubbing?  
*Answer: The soap and rubbing loosen the dirt and germs (bacteria and viruses) that are stuck to the skin.*
  - ◆ What is the difference between rinsing your hands by dipping them in the bowl versus pouring water over your hands?  
*Pouring water is the preferred method because the dirt and germs that have been loosened from the skin by the soap and rubbing are “swept off” the hands by the action of the water flowing over them. You should not rinse your hands by dipping them into a bowl of water since the dirt and germs don’t get “swept off.” Flowing water should be emphasised.*
  - ◆ How is best to dry hands?? Should you dry your hands on a towel or air-dry them?  
*Shaking the hands and air-drying them is the preferred method. The cloth/towel/clothing that are used to dry hands are almost never truly clean (unless they have just been laundered) and by drying on a dirty cloth you can recontaminate your hands. You should not dry your hands on your clothes (for example, rubbing them across your thighs or bottom) because clothes are rarely germ free and you can get recontaminated.*

#### TRAINER’S NOTE



This could include ash, pawpaw leaves, sand, instant hand sanitizer liquids/gels, or other products. This training is particularly focused on ash as an alternative to soap because the formative review/field work found that ash is a cost-effective abrasive (rough) substance that is widely available in Uganda and already used by some Ugandans<sup>5</sup>, and ash has been demonstrated to be an effective cleansing agent.

9. Explain that, allowing your hands to air-dry after they are washed is an important step to hand washing. Bacteria and viruses (like any germ) grow much more rapidly in a wet or damp material (like a damp towel).

<sup>5</sup> Xavier Nsabagasani and Brendon Barnes. 2008. Testing Small Doable Actions to Improve Hygiene Practices in the Care of People Living With HIV/AIDS. Hygiene Improvement Project. Plan Uganda; and, Xavier Nsabagasani and Brendon Barnes. 2008. Identifying Small Doable Actions to Improve Hygiene Practices in the Care of People Living With HIV/AIDS: Focus Group Discussions and In-Depth Interviews. Hygiene Improvement Project. Plan Uganda.



**E. Using Ash as an Alternative to Soap (10 minutes)****WHY ASH FOR HAND WASHING?**

The components of ash are very coarse (or abrasive). A coarse, abrasive substance such as ash is a material that can wear down, polish, or rub away something once it is combined with friction or rubbing. Using ash has been shown to remove dirt and germs from hands and cut down on contamination of the hands. Ash is found after a fire (e.g., wood or coal) has burnt out. The best ash to use for hand washing is like a fine powder and does not have large chunks of wood or coal debris remaining in the substance.

1. Ask participants what Ugandans would use to wash their hands if soap is not available. Write down items on flipchart.
2. Tell participants that although it is best to use soap when washing hands, sometimes they may need to use alternatives to soap such as ash.
3. Emphasize that washing with ASH instead of soap is a SMALL DOABLE ACTION... why?
  - ◆ because it is feasible from the point of view of the 'doer' and
  - ◆ it is effective at 'lifting' the germs from the hands.
4. Explain that ash is a cleansing agent and a good substitute for soap. Although it does not clean your hands as well as soap or smell as nice as soap, it does a very good job loosening the germs from the skin. It is widely available in almost every household, and it does not cost anything.

**F. Hand Washing Stations (10 minutes)**

1. Ask the group, where do you and/or your clients usually keep the water, soap (or ash), and container(s) for hand washing in the household? And why did you place it in that location?"
2. Explain that a hand washing station is a place that has all the supplies for hand washing in ONE place, includ-

**WHERE TO PLACE HAND WASHING STATIONS**

Hand washing stations are best placed near where the "critical times" for hand washing should occur, such as near the latrine, next to the bed if the client is bed bound, or outside the kitchen or food eating area. The lack of a convenient hand washing facility, water, and soap are common reasons why people do not wash their hands.

ing water, soap (or ash), a container (or water tap) that allows you to pour water over your hands when rinsing, and (if necessary) a container to catch dirty water. Tell participants that having a hand washing station increases the chance that people will actually wash their hands. It is especially important to set up a hand washing station by your latrine and/or near where food is prepared and eaten; and if their context includes a bedridden patient, having yet another one by the bedside of a bed bound person is very helpful and serves as a reminder as well.

3. Ask the group, where would you place a hand washing station for a bed bound client who needed to wash his/her hands?

#### **G. Session Review (5 minutes)**

1. Sometimes hands don't appear dirty but can still spread germs. Our hands are always dirty, so we want to keep them as clean as possible.
2. There are many times when we should wash our hands. However, as care providers, we must ensure that we are always washing our hands during the critical times.
3. Rubbing hands with soap and water loosens the germs from the skin. In absence of soap, using ash as an alternative is a recommended small doable action since it also loosens germs from the skin. Rinsing the hands then removes the germs from the hands.
4. Air drying is best as towels or clothing can easily re-contaminate hands.
5. The steps in correct hand washing technique are (1) wet your hands with water, (2) lather with soap (or ash), (3) rub your hands together thoroughly, cleaning under your nails, (4) rinse your hands with running water, and (5) shake the excess water off your hands and allow them to air dry.
6. Remind participants that hand washing should be made as easy as possible by keeping hand washing water and the cleansing agent beside the latrine, in the kitchen or food eating area, and in the area near a bed bound client.

# Session 7: Minimizing Amount of Water Used for Hand Washing

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## Session Learning Objectives

By the end of the session, the participants should be able to:

1. Demonstrate how to make a tippy tap (hand washing device).
2. Describe how a tippy tap conserves water in situations where not much water is available.

## Time

1 hour and 20 minutes

## Prep Work

Before you teach:

1. Assemble all the supplies needed for the tippy tap exercises:
2. 5 nails of about 6 inches length (one for demonstrating building tippy tap, four for participants to use in small groups when building the tippy tap)
3. 5 pieces of cloth (one for demonstrating building tippy tap, four for participants to use in small groups when building the tippy tap)
4. 5 candles or lighters (1 for demonstrating building tippy tap, 4 for participants to use in small groups when building the tippy tap)
5. 5 pieces of rope 0.5 metres long and five pieces 1 metre long (1 for demonstrating building tippy tap, 4 for participants to use in small groups when building the tippy tap)
6. 5 three- or five-litre jerrican containers (one for demonstrating building tippy tap, four for participants to use in small groups when building the tippy tap)
7. 5 pieces of soap (one for demonstrating building tippy tap, four for participants to use in small groups when building the tippy tap)
8. 5 sticks or pieces of wood the same length as the piece of soap
9. 5 screwdrivers, knives, pieces of wood, or other tool that can make a hole through the soap
10. 5 sticks about 1 metre long for foot pedal (1 for demonstrating, 4 for participants to use in small groups when building tippy taps)
11. 1 stick about 1 metre long for tippy tap handle (on tippy tap that is being built during demonstration)
12. 1 already-completed tippy tap

13. 1 water container (e.g. jerrican, jug) filled with water
14. 2 buckets/bowls large enough to catch or hold several litres of water
15. 1 Tumpeco cup
16. 1 marker (to mark hole for tippy tap)
17. For each participant, have one of each of Handout 7: How to Make a Tippy Tap for Hand Washing and Handout 8: Different Kinds of Tippy Taps

## Trainer Steps: Minimizing Amount of Water Used for Hand Washing

### A. Session Introduction (5 minutes)

1. Explain that in this next session participants will learn more about overcoming barriers to frequent hand washing. One barrier we identified was shortage of water, another lack of soap, and still another was just that there is little habit or social pressure to do so... Too many people dip hands instead of using flowing water because they don't have a standpipe close by, or someone to pour the water for them.
2. Hand washing should be made as easy as possible by keeping hand washing water and the cleansing agent beside the latrine, outside the kitchen or food eating area, and next to a bed bound client's bed.

### B. Tippy Taps – A Small Doable Action for Hand Washing (20 minutes)

1. Take out a sample tippy tap, and introduce it to the group and ask, who has seen something like this before? What do you call it? And what does it do??
2. Open the tap, and demonstrate. Say, this simple device, the tippy tap, helps save water so makes hand washing more possible. What else does the tippy tap do, what barriers does it address??

Possible answers:

- ◆ It let's you wash hands alone, without help.
  - ◆ It assures flowing water goes over the hands, not dipping
  - ◆ It reminds people to wash at the critical points: at the bedside, before cooking or eating, after going to the latrine.
3. Tell the group, let's compare how much water it takes to wash with and without a tippy tap. I secretly save the water from ONE HAND WASH from the earlier demonstration. Now let's measure.
  4. Pour water from the bucket into a pitcher or something with a known measure. So to complete a correct hand wash, it takes about 1 litre of water (or

whatever your measure).

5. Now have a volunteer wash their hands using your tippy tap.
6. Compare. Note how much water is saved... and that's for ONE wash.
7. Say, the average family, IF they washed at all the critical times, would need to wash between 30 and 70 times a day!!!
8. Ask participants to think about the average water storage containers in Uganda and to think about how many extra trips to the water source (e.g., well, tap, bore hole, etc.) would be required each day to follow the ideal recommendation of hand washing at the eight critical times for caregivers in the home. Ask, "If a child is carrying the water in the jerrican to the household each day, how many more trips would he/she need to make to accommodate this extra water that was needed?" "What does this mean for this child's life?" (For instance, could it keep a young girl from going to school?)
9. Now with a tippy tap: Let's do the math together...This saves between 23 to 53 litres a DAY!! By using the tippy tap, a small doable action, hand washing consistently and correctly all of a sudden becomes possible!!
10. Show them the JOB AID (also a handout) of the different kinds of tippy taps. Review the various types.

### C. How to Build a Tippy Tap (50 Minutes)



#### SMALL GROUP ACTIVITY

1. Divide the participants into 4 to 5 groups. Identify a group leader in each group who knows how to make a tippy tap.
2. Refer to the handout, How to build a Tippy Tap.
3. Each group should display to other participants the tippy taps they have made. Invite questions or comments from participants.

#### TRAINER'S NOTE



- ◆ Ensure that each group has adequate supplies for making tippy taps
- ◆ The trainer should supervise the different groups making the tippy taps and give assistance where needed.
- ◆ Emphasize in the discussion that tippy taps greatly conserve water during hand washing.

**D. Session Review (5 minutes)**

1. Hand washing should be made as easy as possible by keeping hand washing water and the cleansing agent beside the locations where “the critical times” for hand washing most likely occur (e.g., outside the latrine, kitchen or food eating areas).
2. Tippy tap devices save water. It takes less water for families to wash their hands at critical times.
3. A Tippy tap is a small doable action of low-cost and easy to build out of locally available materials.
4. A tippy tap also provides a place to put soap (or ash) so it is accessible during hand washing.



# Session 8: How to Treat Your Drinking Water

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## Session Learning Objectives

By the end of the session, the participants should be able to:

1. Explain that although water is clear and seems clean, it may have germs that can make a person ill.
2. Treat their water by boiling.
3. Treat their water by using a locally available chlorine product.

## Time

1 hour and 30 minutes

## Prep Work

Before you teach assemble the following supplies:

1. 2 half-litre plastic bottles of clean water. Put enough salt in one of the half-litre bottles of water to make it very salty, and shake the bottle to dissolve all of the salt. Put a tiny dot on the lid of the bottle so you know it is the one with salt.
2. Salt
3. A piece of thread or a long blade of grass
4. Animal or human faeces
5. 1 bar of soap (or ash)
6. 1 bowl/basin/katasa
7. 1 jug/container of water for rinsing hands
8. 1 bottle of Water Guard chlorine solution
9. 1 Water Guard tab (in its blister pack)
10. 2 pieces of tightly woven cloth (with no holes) to use as a filter over the container
11. 1 20-litre jerrican container (empty, if possible with a tap [like from PSI or Afford], container will receive the filtered water for the Water Guard Liquid demonstration)
12. 1 20-litre jerrican container filled with water (for the Water guard Liquid/Water Guard or PUR Sachet demonstration).
13. 30-plus disposable cups (for the salty/not salty water exercise and for each participant to taste the treated water)
14. For each participant, have one of each of Handout 9: How to Make Water Safer for Drinking: Boiling and Handout 10: Water Guard Tab Instruction

## Trainer Steps: How to Treat Your Drinking Water

### A. Session Introduction (5 minutes)

1. It is important to protect water and assure it is safe for drinking. It is possible to have water that is safe at the source, but because of the way we handle it, it becomes dangerous to drink. We talk about the safe water chain, which means taking precautions in collection, transporting, storing and serving. During this session the participants will learn how to treat their water with locally available commercial chlorine products and by boiling their water. The other practices will be covered in a later session.

### B. Climate Setter: Can You See the Germs? (20 minutes)



#### GROUP ACTIVITY

1. Start by asking participants the common sources of water supply in their communities. Write their responses down on the flip chart.

#### Part One: Salty – Not Salty Water Exercise

1. Assure participants that this exercise will demonstrate how water can be contaminated without us knowing, using games. But they must trust you that NOTHING you do in this exercise will put them at risk of drinking bad water and getting sick. Every exercise is carefully designed to demonstrate risk and skills for reducing risk, but you promise no harm will come to them.
2. Show the participants two ½ litre bottles of water (one bottle with water WITH SALT and the other bottle with water WITHOUT SALT) and ask them to look at them closely. Ask them if they see any difference in the water in the two bottles.
3. Ask two volunteers to taste the sample of water WITHOUT salt. They should both drink the water at the same time and be standing so that the other participants can see their faces when they taste the water. Repeat this process with the same volunteers using the water WITH salt.
4. Give the volunteers the opportunity to explain the difference between the two bottles of water.
5. Ask the observers what they learned from the volunteers' experience drinking the water. Reinforce the idea that although water appears clear and clean, it may have germs that can make a person ill.
6. Find out if anyone has any questions about this exercise and respond appro-

priately.

#### Part Two: Thread/Grass and Faeces Exercise

1. Have a long piece of thread or a blade of grass ready. Put the sample of faeces, which you collected before the meeting, where everyone can see it. Hold one end of the thread/strand of grass in each hand and run the thread/grass through the faeces. Submerge the grass/thread with faeces on it in a glass of water and then remove the grass/thread.
2. Ask for a volunteer to drink the water from the glass (only to see the participant's reactions). No one should consume this water.
3. Lead a discussion about the group's reaction and be sure to stress the idea that the community's water may have faeces just like the glass of water used in the activity.
4. Explain that now they are going to learn how to treat their water so that it is safer to drink.

#### Part Three: Present Need to Treat Water

1. Tell participants that we have just seen that it is possible for water to look perfectly clear and good to drink when it can actually have something in it that is very bad for you. It is therefore important to know what to do to "kill the germs" in water so that it is 'safe' to drink, which is called "treating" your water.
2. Tell the participants that ANY source, including water from "improved sources," such as a piped/tap water, borehole, protected well, improved spring, etc., can be contaminated because of breaks in the system, poor upkeep/maintenance, flooding, or groundwater contamination. Water from rivers, ponds, open tanks, unimproved springs and wells can also be contaminated because of people or animals polluting it upstream.
3. Explain that in Uganda, there are easy two choices for water treatment: adding chemicals to it (chlorinating it) or boiling it.

#### **C. How to Treat Your Drinking Water by Boiling (15 minutes)**

1. Tell the group we will now review how to boil water. They might laugh. Underscore that it seems so basic, but there might be some surprises. Ask participants to spend one to two minutes sharing some of their experiences with boiling water to make it safe for drinking, breaking out the steps they took the last time they boiled water. Suggested follow-up questions for fur-

ther probing include:

- ◆ How long do you boil it?
- ◆ What type of fuel do you use to boil your water?
- ◆ What type of container do you use to boil your water?

#### TRAINER'S NOTE



The purpose of this discussion is to get the participants thinking about how they boil their water. Do not prolong the discussion.

2. Distribute the handout, How to Make Water Safer for Drinking: Boiling.
3. Ask participants how long they boil water to assure that is safe. Remind participants that they do not have to keep boiling the water after the first LARGE BUBBLES appear. Assure them this is based on solid science.
4. Mention briefly how important it is to let the water cool and then be placed in a secure storage container. The best container in which to keep your boiled water is in a container with a tight fitting lid and, preferably, a tap (spigot.). If the water is stored and served properly, it is safe to drink for 24 hours after it is treated. After 24 hours, the water is likely to be recontaminated and needs to be replaced with newly boiled water.
5. Emphasize that one SHOULD NOT ADD “new” boiled water to “old” boiled water, meaning that you should completely empty your storage container of “old” boiled water before adding a batch of “new” boiled water. The “old” boiled water can be used for household work like washing clothes and dishes or for watering the plants.
6. Ask participants to name one or two advantages and disadvantages of boiling water. Take one to two minutes for this activity. Suggested follow-up questions for further probing include:
  - ◆ What are some of the advantages of boiling water?
  - ◆ What are some of the barriers?

#### BOILING WATER

**Boiling water is a water treatment method that is known to be more widely available than chlorination. However, fuel may not be cheaply available, as it can have a substantial cost associated with it. It is important for participants, their clients, and their household members to choose the appropriate method of water treatment according to their household situation. However, there are particular advantages of chlorination that should be presented, as mentioned below.**

ers to boiling water? What makes it hard to boil water consistently and correctly?

- What are some reasons that people might not want to boil their water?

#### TRAINER'S NOTE



In this session, participants will be allowed to demonstrate only ONE type of Chlorination method. Volunteers will chlorinate water using EITHER Water Guard Liquid, Water Guard tabs, or Aqua safe. Save the treated water for the participants to taste and smell after the treated water sits for the required amount of time.

NOTE: Some Chlorine products may not be readily available on the market. Please demonstrate with the available product.

#### D. Common Chlorination Methods in Uganda (40 minutes)

1. Ask what chlorination products are available in Uganda? Ask how many people have EVER use this method themselves?
2. Distribute to the participants the handout with instructions of how to Chlorinate water using WaterGuard Tabs.
3. Ask for three volunteers. The first volunteer will read out loud the information on how to use the Product, while the other volunteers carry out the steps. Invite the other two volunteers to the front of the room where everyone can see them and carry out the steps (demonstrate) how to treat water following the steps that are being read out loud by the first volunteer.
4. Thank the volunteers and invite any questions or comments.
5. Explain to participants that there are a few important water treatment facts that should not be overlooked. These include:
  - All water that has been treated by chlorination must be used or dumped from the container before a new batch of water is chlorinated and stored.
  - Care must be taken not to recontaminate the water once the product has been added, although one advantage of this method is that the chlorine 'stays active' in the water for 24 hours and keeps re-treating the water. Treated water must be placed in a secure storage container, preferably with a lid and spigot to avoid recontamination. If the water treated with chlorine is stored and served properly, it is safe to drink for up to a week after it is treated. If it is stored in a wide mouth container or without a lid, it can only be drunk for up to 24 hours.

- ◆ It is very important to check the expiration date on the package and to NOT use the product after it has expired.
  - ◆ The bottle Water Guard Liquid solution is good for 30 days (one month) after it has been opened. After 30 days, an opened bottle of Water Guard Liquid solution should be discarded.
  - ◆ Because of quality control concerns and the wide range of concentrations, common household chemicals such as laundry bleach (or Jik) should NOT be used to treat water. It is very difficult to calculate effective dosage using commercial bleach because there is a great variation in chlorine concentration across the different brands. And even among the SAME brand, the concentrations when it leaves the factory often vary week to week. If the concentration is too weak, it is not effective, and if it is too strong, it stinks and people don't like to drink it.
  - ◆ Care should always be taken when working with chemicals. Do not allow the chemicals to come into contact with the eyes. Chemicals should be stored out of reach from children in a dry place out of direct sunlight.
  - ◆ Explain that even though people don't like the taste and smell of too much chlorine, it can't hurt you. We don't recommend drinking straight chlorine bleach, but in scientific studies, even the most extreme incidents where children drank straight chlorine, it irritated the throat but did no other harm.
6. Facilitate two to three minutes of discussion on the advantages and disadvantages of using this method and record the participant's responses on the flipchart and post on the wall. Suggested questions to open up the discussion include:
    - ◆ Name one or two advantages and disadvantages of the chlorination method.
    - ◆ What are some of the barriers to using the product? What are some reasons that people might not want to chlorinate?
  7. Explain that both boiling and chlorination treat water both really well. Explain that it is important for participants, their clients, and their household members to choose the appropriate method of water treatment according to their individual household situations.
  8. Explain to participants that despite the choices available, it is important to understand an advantage of chlorination over boiling. When chlorine is used to treat water, chlorine remains in the water and helps protect the water from becoming recontaminated easily, in contrast the boiling method does



not have any elements that remain in the water and protect it from contamination. The chlorination method is considered to have an advantage (as residual chlorine protects the water). While boiling treats water just as well as chlorine, nothing remains in the water to protect it from recontamination.

### E. Session Review (10 minutes)

1. When treating water by boiling, water needs to be heated until LARGE BUBBLES appear, not just the small bubbles on the side of the container.
2. The boiled water must be placed in a secure storage container, preferably with a lid and spigot to avoid recontamination. If no spigot container is available, it is important to dedicate a cup or better yet a dipper to extract the water, to keep it off the floor and clean. If the water is stored and served properly, it is safe to drink for 24 hours after it is treated. After 24 hours, the water is likely to be recontaminated and needs to be replaced with newly boiled water.
3. Do not add “new” boiled water to “old” boiled water, meaning that you should completely empty your storage container of “old” boiled water before adding a batch of “new” boiled water. The “old” boiled water can be used for household work like washing clothes and dishes or for watering the plants.
4. Chlorination products in Uganda that are locally available include Water Guard liquids and Tabs, and Aqua safe tablets.
5. Water treated with chlorine can be kept and drunk for up to one week when it is stored in a narrow neck container with a tight fitting lid. If it is stored in a wide mouth container or without a lid, it can only be drunk for up to 24 hours. All water that has been treated must be used or dumped from the container before a new batch of water is treated.
6. Treated water stored in a secure storage container, preferably with a lid and spigot can be stored for up to 7 days.
7. Always check the expiry dates of the chlorine products before using them and only keep opened bottles of Water Guard Liquid solution for one month.
8. Say that there are two other ways to make water safer, by using the sun's rays and by using an effective water filter. But these methods are not as common and we don't have time in this short training to teach all the methods.

### Transition

Transition to the next part of this module, which is on transporting, storing, and serving treated water.

# Session 9: How to Safely Transport, Store, and Serve Drinking Water

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## Session Learning Objectives

By the end of the session, the participants should be able to:

1. Safely transport water.
2. Safely store treated drinking water.
3. Safely serve treated drinking water.
4. Demonstrate how to clean their water storage containers.

## Time

45 minutes

## Prep Work

Before you teach assemble the following supplies:

1. 1 jerrican with a lid (container with a lid that seals tightly)
2. 1 container that has a tightly fitting cover with a spigot.
3. 1 wide mouth container (like a clay pot or bucket)
4. 1 water jug
5. 1 long-handled dipper
6. 1 bottle of bleach (Jik)
7. For each participant, have a copy of Handout 11: Water Safety Chain; Handout 12: Cleaning Drinking Water Storage Containers; and Handout 13: Taking Care of Drinking and Cooking Water

## Trainer Steps: How to Safely Transport, Store, and Serve Drinking Water

### A. Session Introduction (5 minutes)

1. Say that during the previous sessions they have learned about how to treat water to make it safer for drinking. During this session they will learn about ways to safely carry (transport), store, and serve (retrieve) water, which are important to reduce the risk of contamination or recontamination.

### B. Climate Setter: Drinking Water in Your Home (10 minutes)

1. In the large group, ask two participants how water gets to their houses, two

different participants how they store water in their homes and two different participants how they serve their drinking and cooking water. If someone gives the same example as another person, then ask them to tell you a different example from another family in the community (so that all the examples are different). Draw or record these on the flipchart and post on the wall.

#### TRAINER'S NOTE



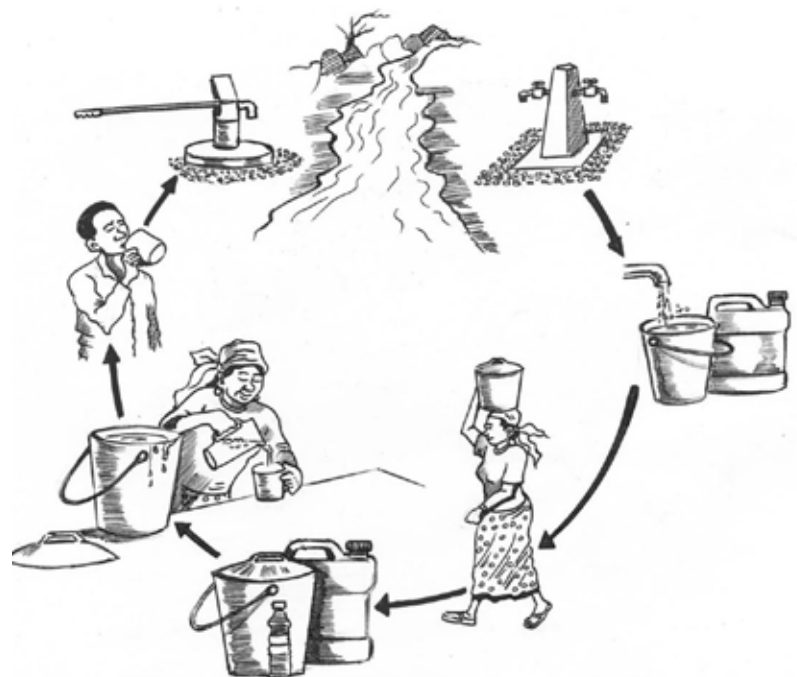
If you feel that the participants are reluctant to talk about themselves, ask them about "other" families in their communities or in the communities where they are going to work. Do not be labor this activity. The idea is to get the participants thinking about the four essential practices.

### C. Water Safety Chain (30 minutes)

1. Explain to participants that there are three situations we must consider when taking care of our water:
  - ◆ How we transport or carry water
  - ◆ How we store treated water
  - ◆ How we serve water

2. Pass out the handout, Water Safety Chain. Brainstorm on various ways that water is transported in the communities and loopholes or 'breaks' in the water safety chain that lead to contamination.

3. Discuss the importance of transporting water in a container with a tight fitting lid that does not allow water to spill out or allow a dirty hand to enter while it is transported.



4. Do not transport the water in an open container because it can get contaminated.

5. If you are using a container without a tap, if possible, serve it by pouring the water from the container, such as with a jerrican or jug. If you cannot easily pour the water from the container, then take the water out by using a clean, long-handled dipper. Store the dipper by hanging it on the inside of the water storage vessel or on a nail on the wall.

#### TRAINER'S NOTE



If you were able to arrange the sample supplies, pause after each illustration is explained to show participants examples of the containers and dipping devices. At this point you can show participants the jerrican with a cap or container with the tight fitting lid and pass it around.

6. Emphasize to participants to never dip a bowl, cup, or your hands into the container with your treated water because you can recontaminate it.

#### TRAINER'S NOTE



At this point you can show participants the jug and a wide mouth container and long-handled dipper.

7. It is important to have a lid that seals tightly on the container in which treated water is stored. Water should never be stored in an open container or a container with a loosely fitting cover (as shown on the right side) because it can easily be contaminated.

#### TRAINER'S NOTE



At this point you can show participants the container that has a tightly fitting cover with a spigot, if available.

8. Facilitate discussion on these three issues (transporting water in a covered, well-sealed container; serving water using the spout on a container with a lid; and storing treated water in a container with a lid).

Suggested questions for the participants include:

- What do you see your families doing when you visit their homes?

- ◆ What is the real situation occurring in your houses?" Record responses on the flipchart paper and post.
9. Distribute the handouts, Cleaning Drinking Water Storage Containers and Taking Care of Drinking and Cooking Water . Review the small doable actions.
  10. Ask the group, can you think of other small doable actions at any points of the water safety chain?

Possible answers:

Step in the Water Safety Chain	SDAs to keep water safe
Collecting water	<ul style="list-style-type: none"> <li>◆ Protect the source.</li> </ul> <p><i>If a well or standpipe:</i></p> <ul style="list-style-type: none"> <li>◆ Build a fence so animals cannot defecate nearby.</li> <li>◆ Build a raised platform and/or a soak pit.</li> <li>◆ Wash hands with soap before collecting water.</li> <li>◆ Do not put hand into container when collecting.</li> </ul> <p><i>If an open source or stream:</i></p> <ul style="list-style-type: none"> <li>◆ Assure no animals or humans defecate upstream.</li> <li>◆ All of the above SDAs.</li> </ul>
Transport	<ul style="list-style-type: none"> <li>◆ Use a narrow neck container.</li> <li>◆ Cover container.</li> <li>◆ Attach cover to jerry can with a string so it doesn't get lost/stolen. <i>Punch small hole in center of top. Threat with string and knot. Tie other end of string to neck of container, short enough so top doesn't touch the ground.</i></li> <li>◆ Make a top with a clean potato or other object that can be washed.</li> <li>◆ Do not stick hand into container when carrying.</li> </ul>
Storage	<ul style="list-style-type: none"> <li>◆ Maintain water in narrow neck, covered container</li> <li>◆ Raise container off floor.</li> </ul>
Serving	<p><i>If no spigot on container:</i></p> <ul style="list-style-type: none"> <li>◆ Pour water for use.</li> <li>◆ Make a simple dipper/ladle for serving from calabash or can and stick. Hang on wall.</li> <li>◆ Use mug with a handle to serve. Do not have hand touch water. Store in dedicated, clean place.</li> </ul>

# Session 10: Safe Handling of Faeces, Blood, and Other Body Fluids

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## Session Learning Objectives

By the end of the session, the participants should be able to:

1. Describe when it is necessary to cover hands with plastic material (camera) or gloves while caring for clients.
2. Describe how to safely handle faeces, blood, and other body fluids in the context of the client who is able to get up in a chair, and the client who needs assistance to get to the latrine.
3. Identify how to take precautions to safely disinfect materials or surfaces soiled with faeces, blood, and other body fluids.

## Time

2 hours

## Prep Work

Before you teach assemble the following supplies:

1. 5 pair of medical gloves
2. 2 piece of 20x20 inch (50x50 cm) plastic material like that used for deliveries or Kavera (for demonstration on how to put plastic material/kavera on hands as a substitute for gloves)
3. 2 rubber bands or lengths of string that are long enough to tie around your wrist
4. 1 bottle of Jik (1/2 litre, 500 ml or larger)
5. 1 bucket k
6. 1 Tumpeco cup (500 ml or ½ litre)
7. At least 5 litres of water (in a jerrican or some other container)
8. 1 piece of cloth stained/soiled with dirt (or something brown)
9. 1 bedside commode (prefer to demonstrate locally made with a bucket, or if bedside commode is not available, cut circle out of paper to put on chair to pretend it is a hole for a commode)
10. For each participant, have one of Handouts 15-24: Safe Disposal of Faeces; Disposal of Soiled Items in Urban and Rural Settings; How to Make a Jik Solution; How to Disinfect and Dispose of Soiled Cloth, Bandages, and Rags; How to Disinfect Hard Surfaces; How to Clean Soft Surfaces like Dirt and Sand; Making a Commode (Potty Chair); Cleaning Female Client; Cleaning Male Client; Faeces



Management; and Faeces Case Studies

## Trainer Steps: Safe Handling of Faeces, Blood, and Other Body Fluids

### A. Session Introduction (5 minutes)

1. Explain to participants that this session will focus on the safe handling of faeces, blood, and other body fluids. Emphasis will be placed on faeces in this module and menstrual blood will be addressed in detail in the next session.
2. Remind people that HIV cannot be spread through feces. So when we mention handling feces to protect from INFECTION, we are NOT talking about HIV infection, we are talking about other germs and infection.
3. HIV can be spread through contact with blood, including menstrual blood, as well as other body fluids like semen and vagina fluids. That is why we must take extra care when handling these fluids, and when householders handle those fluids while caring for a family member or loved one.

### B. Climate Setter: Introduction to Faeces Care (5 minutes)

1. Ask participants about any challenges they or the caregivers have faced while handling or managing a client's faeces, including diarrhoea. What happens to the faeces of their patients/ clients. Where do they defecate? And where does the feces end up??

### C. The Linkage Between Faeces Management and Illness (10 minutes)

1. Remind participants that sanitation is far more than building latrines. It is about keeping people and the environment clean and also faeces free, One very important element of sanitation is the safe collection, storage, handling, and disposal of human faeces.
2. Remind that person living with HIV is particularly susceptible to diarrhea because of their compromised immune system so it is even more important to ensure safe management of feces for everyone in the household, so it is not spread via the "Fs" we talked about.. Safe handling and disposal of faeces, keeping flies and other insects away from faeces, keeping hands clean of faeces and preventing faeces from contamination of water and food can greatly reduce the spread of diseases.
3. Ask participants, "Are children's feces dangerous? More, less or the same than adults?? How about of the elderly or frail??

4. Share that formative research in Uganda<sup>6</sup> revealed that some Ugandans believe that faeces of children and the frail/elderly are harmless and do not cause disease. This belief varies in different parts of Uganda. However, the belief that the faeces of children and the frail/elderly are not harmful is NOT true. If participants believe this is true, it is very important to discuss how faeces of infants, children, and the frail/elderly contain as many germs as adult faeces contains. Explain that faeces of infants and children often have more germs than that of adults. It is very important to collect and dispose of ALL faeces quickly and safely. Defecating anywhere other than in a diaper, toilet, latrine, or hole that is immediately covered, is considered defecating in the open air.
5. Pass out the **Contamination Cycle Diagram**. Ask the group to note that the germs that cause diarrhoea mainly reach people through fingers, flies (insects), fields (defecation outdoors), and fluids or food. When people defecate in the open, there are many ways that germs can be spread.
6. Explain that the F diagram assumes that people CHOOSE not to use latrines. But let's think about all of our clients. Do all of your clients use latrines? Why not?? What makes it difficult for people living with HIV to use latrines consistently and correctly??
7. Do all your families affected by HIV have a latrine? What makes it hard for the person living with HIV to use the latrine all the time??
8. Distribute the handout on 'Safe Disposal of Faeces' and give the participants a moment to look at this card.
9. Highlight that this card includes options for PLHIV in all phases of mobility. Ask them how they can use this card when speaking with their clients/care-givers in the community to "negotiate" or counsel them about what to do with faeces. Take one minute to gather responses.
10. Explain that when a client is sick, the illness affects the amount of faeces and its consistency. These factors affect a person's ability to control how they pass their faeces. A healthy body that is free of illness produces soft, formed stool resembling the shape of a snake or small banana, which is delivered to the rectum usually once or twice a day. A healthy nervous system and rectum allow the body to recognise whether the rectum is full of stool and allow you to control the sphincter muscles to hold the stool until you get to a latrine. When someone is very sick or frail, they are unable to control the passing of liquid and/or faeces. Sometimes it is loss of an entire movement/motion or at times it may be the loss of a small amount of liquid waste.

<sup>6</sup>Xavier Nsabagasani and Brendon Barnes. 2008. Testing Small Doable Actions to Improve Hygiene Practices in the Care of People Living With HIV/AIDS. Hygiene Improvement Project. Plan Uganda; and, Xavier Nsabagasani and Brendon Barnes. 2008. Identifying Small Doable Actions to Improve Hygiene Practices in the Care of People Living With HIV/AIDS: Focus Group Discussions and In-Depth Interviews. Hygiene Improvement Project. Plan Uganda.

11. Highlight that can be because of the diarrhoea OR because of mobility challenges that the PLHIV might not be able to easily use a latrine. Discuss the SDA alternatives.
12. Ask do you think these small doable actions make it easier to safely dispose of feces? Which could you envision using with your clients?
13. Explain that if gloves are not available, a SMALL DOABLE ACTION is to use other plastic material (like polythene bag/kavera) can be used to protect their hands. Because some plastic materials are strong and some are thin and weak, it is important that peer counsellor/VHTs use strong plastic material (with no holes) so it does not break easily. The material can be tied at the wrist or fastened with a rubber band elastic.

#### TRAINER'S NOTE



Explain to participants that there is extremely low risk of getting infections like HIV, Ebola and Hepatitis B if one follows universal precautions (such as using gloves/kavera or Jik to clean blood spills). Remind participants that maintaining universal precautions is an important role of Peer counsellor/VHT. Explain that it is important that Peer counsellor/VHT take universal precautions with ALL clients, whether they are HIV-positive or not. Universal precautions are meant not only to protect Peer counsellor/VHT and family members, but also the clients from unnecessary infection.

#### D. When to Protect Hands (10 minutes)

1. Tell participants we'll now read scenarios and get their reactions. Ask participants to raise their hand when they agree that their hands should be protected in a particular situation that you will read aloud.
2. Read the scenarios below without giving the answer (answers are marked with an X in the columns). As you read the statements and participants raise their hands, ask one or two participants (per statement) to explain why they think gloves/plastic material are needed. Do the same for one or two who did not raise his/her hand. Before moving on to the next statement, correct any misinformation about appropriate use or misuse of gloves or plastic material.

Statement	Gloves/Kavera Needed (DO NOT THE ANSWER OUT LOUD)	Gloves/Kavera NOT Needed (DO NOT READ THE ANSWER OUT LOUD)
Washing the face of a client		X
Taking care of a client's nose-bleed	X	
Cleaning and treating bedsores	X	
Changing a dry bed sheet of a client		X
Doing laundry with wet, blood-stained sheets	X	
Sitting next to a person and giving them a hug		X
Anytime the Peer counsellor/VHT has sores or cuts on his/her hands	X	
Disposing of faeces	X	
Giving a client medication		X
Feeding a client		X
Disposing of cloth, sanitary towels, or banana fibre used by the client during her menstruation	X	

3. Ask participants, Why is it important to protect your hands when caring for your clients? Spend one or two minutes discussing this question.

Answers:

- ◆ Reduce the risk of getting an infection from a client;
- ◆ Prevent giving an infection to the client;
- ◆ Reduce cross- contamination by passing germs from one client to another client.

#### E. How to Use Gloves or Plastic to Protect Hands (10 minutes)

1. Display the available gloves on the market (both surgical and disposable gloves). Note that they are comfortable to wear, allowing good movement of fingers and hands. Ask a volunteer to demonstrate how to put on and remove the gloves.
2. Demonstrate how to put on and safely remove the plastic sheet material. Remember to show how to use a rubber band or piece of string at the wrist

to hold the plastic in place on the hands. If the plastic material is thin, putting one piece on top of another (two pieces per hand) can provide more protection.

3. Explain that you should not use paper or cloth if anything moist/wet is to be touched because the paper/cloth will get soaked and contaminated. The gloves or material should be liquid and tear resistant to protect against fluids.
4. Inform that it is important to always wash your hands after using gloves to prevent irritation on your hands and remove any germs that got on your hands.
5. Ask participants the following questions (spend one or two minutes gathering responses to each question):
  - ◆ What should you say to your client or household members about using gloves or plastic material to protect themselves or others in their household? How would you introduce the subject?
  - ◆ What can you say to help the caregiver(s) and client realise that glove/plastic material use does not imply that you are stigmatising the client (by making the client feel that the caregiver does not want to touch him/her with bare hands), but it is about helping to keep everyone in the household healthier?

#### TRAINER'S NOTE



It is important that gloves/plastic material be used for ALL handling of blood, body fluids, and contaminated medical equipment or materials, regardless whether the client is HIV-positive. If a participant mentions wearing gloves with only someone living with HIV, remind the participants that germs (viruses, bacteria, etc.) can be “caught” from any client (or “given” to any client), no matter what their illness.

Reinforce that providers can easily stigmatise clients when they wear gloves, plastic material, or other plastic material on their hands during care giving activities for someone living with HIV where there is NO chance of faeces, blood, or fluid contact. These safe activities include hugging, feeding and other activities with NO chance of contact with blood, semen or vaginal fluids.

## F. Preventing Cross-Contamination during Removal and Disposal of Gloves or Plastic (20 minutes)

1. Ask participants, is it necessary to wash your hands before or after putting on gloves or plastic material? Why or Why not? Spend one or two minutes to discuss.

Ensure responses include the following points:

- ◆ Using gloves or plastic material is not a replacement for hand washing.
- ◆ Even while using protective material, your hands can be contaminated as a result of rips or small, undetected holes in the gloves or plastic material.
- ◆ Unwashed hands can easily contaminate the surface of gloves or plastic material which touch and potentially contaminate the client.
- ◆ Hands often become contaminated during removal of the gloves or plastic material. See the directions below for how to properly remove gloves.

2. Ask participants, how often should you change your gloves/plastic material? Spend one or two minutes discussing this question.

Ensure answers include the following responses:

- ◆ When gloves/plastic material get holes or tears, immediately change to a new, fresh set.
- ◆ When they get soiled on the outside, when you are cleaning from a contaminated body part to a clean body part.
- ◆ If you need to temporarily stop work (e.g., to tend to a child who may need your immediate help or to answer a phone), remove and discard the gloves (if they are thin, medical gloves) or plastic material you are wearing. Heavy-duty re-usable gloves should be soaked in a Jik solution for 20 minutes (see directions below for re-using gloves). When you restart your work, use a new pair of thin, medical gloves or plastic bags — or, use a disinfected pair of heavy-duty reusable gloves.

3. Explain to the participants it is important to always remove gloves or plastic material immediately after caring for a client. Failure to remove them after caring for a client may spread germs from one client to another. Explain the following:

- ◆ It is best if thin gloves are thrown away after a single use since they tear easily.
- ◆ A fresh pair of gloves or plastic material should be worn for each new client or when they become soiled. Remove them after caring for the cli-



ent and do not re-use them for a different client. Failure to remove them after caring for a client may lead to transmission of germs from one client to another, which is why it is important to either dispose of the gloves or plastic material properly after use, or disinfect before re-using gloves.

4. Ask the participants, how should you dispose of gloves? Spend one or two minutes discussing this question. Pass out handout, How to Dispose of Soiled Items in Urban and Rural Areas and ensure that the answers include:
  - ◆ If disposing of gloves, plastic sheeting, and/or other plastic material in an URBAN setting:
    - Option One: Burn the soiled material (preferred method).
    - Option Two: 'Double bag' it by putting the soiled material in a bag and tying the top. Then put it inside another bag, tie the top, and throw away the sealed bag in the garbage.
  - ◆ If disposing of gloves, plastic sheeting, and/or other plastic material in a RURAL setting:
    - Option One: Drop the material into the latrine hole (preferred method).
    - Option Two: Burn the soiled material in a safe area.
    - Option Three: 'Double Bag' it by putting the soiled material in a bag and tying the top. Then put it inside another bag, tie the top, and throw away the sealed bag in the garbage.
5. Explain to participants that:
  - ◆ Universal precautions are simple infection control procedures that reduce the risk of transmitting infectious germs through the exposure to blood, body fluids, sores, contaminated medical, or other types of equipment and materials.
  - ◆ Universal precautions are meant not only to protect Peer counsellor/VHTs and family members, but also to protect clients from unnecessary infection.
  - ◆ Peer counsellor/VHTs should use universal precautions with ALL of their clients, whether they know if a client is HIV-positive or not.
  - ◆ Explain to participants that there is an extremely low risk of getting HIV through care giving activities if universal precautions are taken.
6. Take one or two minutes for participants to share other important universal precautions that reduce the risk of exposure to blood, body fluids, and con-

taminated medical or other types of equipment and materials. The trainer should write the suggested actions on a piece of flipchart paper.

### **G. Disinfecting Surfaces and Materials (10 minutes)**

1. Explain to participants that one of the best things for killing germs is Jik solution.
2. Tell the participants that the proportions of Jik solution used to Kill Germs is “1 Part Jik to 9 Parts Water Solution?”
3. Pass out the handout, How to Make Jik Solution. Explain that you can easily make any quantity of 1 part water to 9 parts Jik solution by using different size measuring instruments. For instance, if you only need a small amount, you can use a spoon to measure your Jik and water (1 spoonful of Jik to 9 spoons of water), if you need a larger amount, you can use a cup or Tumpeco/Nice cup or any measuring implement. The important thing is to be sure that for every time you fill your measuring implement with Jik, you fill it nine times with water.
4. Emphasize to participants to never dispose Jik solution in a latrine or near plants. To dispose of a Jik solution, dig a hole, pour the solution in the hole, and then refill the hole with soil.
5. Tell the group that household members and Peer counsellor/VHTs may be tempted to re-use the solution rather than dumping the solution from the container before a new batch of disinfectant solution is mixed. Jik solution should NOT be re-used because too many germs added will make the Jik solution ineffective.
6. Remind participants that care should always be taken when working with chemicals. Do not allow the chemicals to come into contact with the eyes. Chemicals should be stored out of reach from children in a dry place out of direct sunlight.
7. Inform participants that if a cloth/rag has any body fluids (blood, pus, fluid, faeces, vomit, sputum, and waste from childbirth), one should follow the set of directions listed in their handout.
8. Using the handout How to Disinfect Hard Surfaces and Floors Soiled With Blood or Body Fluids review the steps to disinfecting hard surfaces as a group.
9. Using the handout How to Disinfect Soft Surfaces and Dirt/Sand Floors Soiled

With Blood or Body Fluids review the steps to disinfect soft surfaces as a group.

#### **H. Faeces Care for a Client Who Can Get Up in a Chair but Cannot Walk to the Latrine (10 minutes)**

##### Construction of bedside potty chair and use of bedside potty chair

1. Ask participants, what should a Peer counsellor/VHT, client, or household member do when the client is able to get up into a chair but he/she cannot walk to the latrine?"
2. Pass out the handout, Making a Bedside Commode (Potty Chair). Show participants a commode, if possible. If no commode is available, ask the participants to look at the pictures on the handout. Explain that bedside commodes can be placed next to a client's bed or over the hole in a latrine to make it easier for a client to urinate/defecate.
3. Remind participants that it is very important to wash your hands and follow the Universal Precautions when handling a commode and the contents of the bucket placed under the commode when it is used by the client. It also is important that the bucket is covered after use and is taken immediately to the latrine or toilet. After being emptied, it needs to be cleaned with "1 part Jik to 9 parts water" solution or with water and soap before it's returned to the client's bedside.

#### **I. Ways to Assist Bed bound Clients with Defecation and Urination Needs (10 Minutes)**

1. Explain that in this next section, you will look at the assistance with urination and defecation (or "elimination needs") that may be needed by clients who are bed bound and weak with different levels of ability to move themselves.
2. Ask participants to explain how they would change linen or turn a patient that is bed bound.
3. Explain to participants that when a client is bed bound and especially when he/she is not conscious, careful cleaning of the "private parts" is very important to keep the body clean and it should be done at least once a day. It is done more often when a client is incontinent (unable to control the passing of faeces or urine) or has to use a bedpan (basin) or urinal for faeces and urine disposal.
4. Say to participants that "Private parts' care is a sensitive issue and should be kept as simple as possible, doing only what is necessary for the client and

allowing the client to do as much as he or she can do independently (to build and maintain their dignity and self-respect.). Bed bound clients are likely to need more help in keeping their 'private parts' area cleans. At a minimum, it is important for a client to have soap, water, clean rags, and a plastic container within reach so the client can wash independently each day. In addition, if an adolescent girl or woman is menstruating, it is important to make clean clothes or sanitary napkins available for soaking up menstrual blood and for changing when necessary. If a client is unable to thoroughly clean his or her 'private parts' — especially after defecating and urinating — the caregiver needs to help the client.

5. Pass out Cleaning a Female Client and Cleaning a Male Client. Explain each step to the participants.

**J. Faeces Care for Mobile but Weak Clients Who Can Get Up to the Latrine with Assistance (10 minutes)**

1. Explain to participants that sometimes they may have clients who are mobile but who are weak and only able to walk to the latrine or toilet if they have help. Assisting clients to walk to the latrine or toilet and/or helping them balance themselves while they are in the latrine or toilet is an important task for the Peer counsellor/VHT and caregiver. Often, with just a little help, the client may feel that he/she has much more control over what is happening to him/her. The Peer counsellor/VHTs and household caregivers may notice that, with walking, the client's ability to defecate often improves, and their appetite returns more easily.
2. Ask participants for ways they can help their clients walk to the latrine or toilet. Gather responses and record on the flipchart.
3. Explain that there also are ways to help weak clients use the latrine or toilet. Brainstorm with participants' ways to help clients use the latrine /toilet.
4. Ask participants if they have any questions about assisting mobile but weak clients with the latrine or toilet. Respond appropriately to any questions.
5. Pass out the Faeces Management handout and inform the participants that this card summarises the key ways that you can help a weak, but mobile client and a bed bound client with faeces management.

**K. Faeces Case Studies (20 minutes)****SMALL GROUP ACTIVITY**

1. Explain to participants that we will now have an opportunity to discuss some of the challenges of the handling and disposal of faeces. They will work in small groups to try to find solutions to these problems. Pass out the hand-out, Faeces Case Studies.
2. Divide participants into four small groups and assign each group ONE case study from the case studies handout.
3. Tell the small groups to read through their case study, discussing and answering the questions at the end of the case study.

**KEY POINTS TO REMEMBER WHEN DISPOSING OF FAECES**

- ◆ Many common diseases associated with diarrhoea can spread from one person to another when people defecate in the open air. Safe handling and disposal of faeces, keeping faeces away from flies and other insects, and preventing faeces contamination of water can greatly reduce spread of diseases.
- ◆ Gloves, plastic sheeting, or other plastic material should be worn only when the Peer counsellor/VHT is handling any faeces, blood, other body fluid or when the client or Peer counsellor/VHT has open sores or cuts that will come in direct physical contact with the other person.
- ◆ The type of faeces care that a client needs depends on how weak and how mobile the client is. Peer counsellor/VHTs have an important role in assisting bed bound clients and weak clients with their faeces handling and disposal needs.

4. After the groups have completed reading and discussing the case studies, give each group five minutes to report back on their discussion.

**Transition**

Thank the participants for their participation and mention that in the next session, they will learn the importance of menstrual period care.

# Session 11: Safe Handling of Menstrual Blood

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## Session Learning Objectives

By the end of the session, the participants should be able to:

1. Describe additional care needs when female clients have a menstrual period.
2. Identify ways that Peer counsellor/VHT and care givers can protect themselves from spreading HIV when handling menstrual blood.
3. Identify the supplies available in Uganda that are useful in handling menstrual blood.
4. Identify how to safely dispose of materials soiled with menstrual blood that will not be re-used and identify how to properly clean cloth soiled with menstrual blood so that the cloth can be safely re-used.

## Time

45 minutes

## Prep Work

Before you teach assemble the following supplies:

1. One sample sanitary pad/towel, a re-usable pad and one towel/cloth which can be used to soak up menstrual blood.
2. For each participant, have one of each of Handout 25: Disposal or Cleaning of Menstrual Blood Soaked Material and Handout 26: Making Re-usable Sanitary Pads.

## Trainer Steps: Safe Handling and Disposal of Menstrual Blood

### A. Session Introduction (5 minutes)

1. Explain that this session will cover the importance of caring for clients who have their menstrual period.

### B. Climate Setter: Managing Menses(15 minutes)

1. Ask participants about how they currently counsel and care about managing menses. What kind of challenges have they faced while handling or managing menstrual blood, in their own household, with a client, or with their



household caregiver?

2. Explain that field research in Uganda has shown that clients, caregivers, and Peer counsellor/VHT need more support so they can know how to safely handle and dispose of menstrual blood<sup>7</sup>. Emphasize that menstrual blood of women with HIV does carry a risk of HIV transmission. The HIV viral load in menstrual blood is actually higher in viral load than plasma (regular) blood and therefore even MORE risky.
3. It is important that when handling a client's soiled material, universal precautions are observed to reduce the risk of HIV transmission and other infectious diseases as discussed in session 10.

#### **IMPORTANCE OF SAFE HANDLING OF MENSTRUAL BLOOD**

Supplies needed to safely handle the blood often are unavailable. Many people do not realise that female clients who are ill can still have menstrual periods, although many who are severely ill often do stop menstruating. Now that many women are taking the ARV AIDS drugs, even women who had previously stopped menstruating are now returning to their menses. Most women do not like to talk about their menstrual periods and are unclear that HIV (and other illnesses/infections) can be transmitted to others by unsafe exposure to menstrual blood. Female clients who may be very sick and/or bed bound require sensitive and practical care during their menstrual periods from household caregivers and Peer counsellor/VHT. It is essential to provide care in a way that helps the female client maintain her dignity so she can feel confident and in-control of managing her menstrual period.

#### **C. Materials that Can Be Used for Menstrual Periods (10 minutes)**

1. Ask participants, What products or materials do women use to help soak up menstrual blood and keep female clients clean? Record responses on the flipchart.
2. Display the different types materials that are commonly used for soaking menstrual blood.
3. Pass out and review with the group, How to Make a Re-usable Pad. Clarify any questions participants may have.
4. Explain to participants that menstrual blood of HIV-positive female clients can contain the HIV virus. However, there is an extremely low risk of getting HIV through care giving activities if one follows universal precautions (such

<sup>7</sup> Xavier Nsabagasani and Brendon Barnes. 2008. Testing Small Doable Actions to Improve Hygiene Practices in the Care of People Living With HIV/AIDS. Hygiene Improvement Project. Plan Uganda; and, Xavier Nsabagasani and Brendon Barnes. 2008. Identifying Small Doable Actions to Improve Hygiene Practices in the Care of People Living With HIV/AIDS: Focus Group Discussions and In-Depth Interviews. Hygiene Improvement Project. Plan Uganda.

as using gloves/kavera or Jik to clean blood spills). Remind participants that maintaining universal precautions is an important role of Peer counsellor/VHT. Explain that it is important that Peer counsellor/VHT take universal precautions with ALL clients, whether they are HIV-positive or not. Universal precautions are meant not only to protect Peer counsellor/VHT and family members, but also the clients from unnecessary infection.

#### **D. Disposal or Cleaning of Menstrual Blood-Soaked Material (10 minutes)**

1. Remind participants that it is important to ensure that the bedding, linens, cloth, mattress, and other materials used by clients are kept clean and free of menstrual blood. Distribute to participants the handout on Disposal or Cleaning of Menstrual Blood-Soaked Material.
2. Explain that soiled/used disposable sanitary pads that are soaked with menstrual blood that cannot be re-used should not be thrown or discarded just anywhere. It is important that ANY soiled materials be handled with gloves plastic material and be disposed in the right location.
3. Explain that putting blood-soaked items in the latrine in urban areas is not an option in Uganda because many urban latrines are periodically cleaned by trucks that “suck” the solids out of the latrine. Refer the participants to the handout that summarizes the disposal and cleaning of Menstrual Blood material.
4. Pass out, Disposal or Cleaning of Menstrual Blood Soaked Material. Review with the participants the steps in re-using sanitary material that has been soiled with blood.
5. Ask participants if they have any questions at this time and respond accordingly.

#### **E. Session Review (5 minutes)**

1. Menstrual blood of HIV-positive female clients contains the HIV virus. However, there is an extremely low risk of getting HIV through care giving activities if universal precautions are taken.
2. Gloves or polyurethane should only be worn when the Peer counsellor/VHT is handling any type of body fluid or waste or when the client or Peer counsellor/VHT has open sores or cuts that will come in direct physical contact with the other person.

## Transition

Thank the participants for their participation and tell them they are going to learn how to negotiate improved behaviours next.

# Session 12: Using the Four A's (Assess, Agree, Assist, and Arrange)

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## Session Learning Objectives

By the end of the session, the participants should be able to:

1. Describe and use the Four A's (Assess, Agree, Assist, and Arrange) to help home based care providers identify the WASH needs of their clients and households and to assist their clients and families to identify and implement improved WASH practices.
2. Use the WASH Assessment Tool

## Time

1 hour

## Prep Work

Before you teach assemble the following supplies:

1. Prepare headings on four pieces of flipchart paper. Write on the first sheet the heading, Assess; on the second sheet, Agree; on the third sheet, Assist; and on the fourth sheet, Arrange.
2. Before the training, arrange with four volunteers for the role play
3. Have one copy of Handout 27: Assessment Tool, Handout 28: Four A's and Handout 29: Interpersonal Checklist for each participant

## Trainer Steps: Using the Four A's

### A. Session Introduction (5 minutes)

1. Remind participants that the main WASH role of the Peer counsellor/VHT is to help her/his clients and their caregivers in improving their WASH practices. The client/caregivers already may be implementing good WASH behaviours/practices to some extent. For example, the household washes hands often during the day but not at the critical times. If the Peer counsellor/VHT wants to help the client/household improve their behaviour, the Peer counsellor/VHT should find out what they already are doing and start from there. Tell the participants that in this session, they will reflect on how to move from an actual (current) behaviour to an ideal behaviour.

**B. Climate Setter: Peer Counselling Role Play (15 minutes)****TRAINER'S NOTE**

Prior to the day's training, arrange with four participants. One will play the role of a patient, the second the care-giver, the last two will be Peer Counselors/VHTs who made a home visit.

The "audience" (participants who are observing the demonstration) will analyse and then discuss how Peer Counselors/VHTs assessed the household WASH needs of the and how they handled the challenges.

1. Explain to the workshop participants that they are going to observe a role play that will involve a patient, a caregiver and two Peer Counsellors/VHTs who have made a home visit. Pass out the Observation Checklist. They should use this checklist handout during the demonstration so they can answer the questions.
2. Begin the role play.
3. At the end of the role play, ask the participants (observers, audience) to provide input on things they saw in the role play. Ask these questions:
  - ◆ How did the Peer counsellor/VHTs Assess the home situation?
  - ◆ What difficulties or barriers were identified during the home visit?
  - ◆ What did the Peer counsellor/VHTs and client do?

**C. Introduction to Four A's: Assess, Agree, Assist, and Arrange (10 minutes)**

1. Explain that it has been shown that health workers such as peer counsellor/VHTs can provide better care if they learn and use a series of steps which structure their work when assisting a household with their needs. Inform participants that you are now going to review the steps they need to go through when visiting a client.
2. Pass out the handout, The Four "A" Steps. (Encourage participants to read it later so they can focus on the current discussion.)
3. Explain to the participants each step of the 4 A's.
4. Tell the participants you are now going to look at the tool that will help carry out the Four A's when the Peer counsellor/VHT is working with a client/care-giver in the home or health facility.

**D. Using the Assessment Tool (10 Minutes)**

1. Explain to participants that a pictorially based WASH Assessment Tool was produced to help them assess the four MOST important aspects of water, sanitation, and hygiene of the households where they live and work (specifically how well their clients and/or household members wash their hands, treat their drinking water, dispose their faeces and clean re-usable rags that are soiled with menstrual blood).
1. Distribute to the participants the Assessment Tool and explain how it is organised with each of the WASH topics on a different line of the Tool with a key question at the top of each row.
2. Review the tool line by line, pointing out that this tool will help participants to assess the following regarding their client, the client's caregiver, or household.

**E. Defining Interpersonal Communication (10 minutes)**

1. Ask participants to remember a time when they had a good (interesting, worthwhile, and helpful) conversation with a friend or colleague. Have some volunteers tell you what made it a good conversation.
2. Record these on a flipchart as the participants offer their ideas.
3. Next ask participants to propose their own definition of interpersonal communication.
4. Jot down key phrases and ideas offered by the participants on a flipchart.
5. Then propose a definition yourself and see if it meets their approval.

**INTERPERSONAL COMMUNICATION DEFINITION**

Interpersonal communication is oral (spoken) and nonverbal (eye contact, gestures, posture, facial expression, etc.) communication between people: sending, receiving, interpreting, and sending back ideas and information.

6. Use the definition to talk about the importance of IPC.
7. Experienced counselors and VHTs will no doubt be familiar with the information.



**F. Elements of Successful Interpersonal Communication (10 minutes)**

1. Review some elements that the participants identified as contributing to a successful conversation. Add any item below that is missing:
  - ◆ Appropriate body language (eye contact, smile, gestures)
  - ◆ Nodding or verbal signals to demonstrate listening and encourage speaker to continue
  - ◆ Respectful distance between speakers
  - ◆ Asking lots of questions
  - ◆ Showing interest by leaning forward
  - ◆ Showing sensitivity to the other person's needs
  - ◆ Active listening
  - ◆ Removing physical obstacles in the way
  - ◆ Paraphrasing to signal you've heard and understood
  - ◆ Encouraging the other person to talk
  - ◆ Appropriate use of silence
2. Make the point that good communication requires that participants have the right attitude. If each person does not respect the other and value what the other is saying, the communication is not likely to be very productive.
3. Summarize the discussion by saying that good communication is a skill that can be improved by practice, and then post the elements of good communication where everyone can see them.
4. Every time we interface with a family, we can do a self-assessment to see how well they incorporated good interpersonal communication techniques.
5. Ask, what can make it hard to have good communication? Ask how others would address that challenge.

Possible challenges include: patient is in pain or embarrassed; family is in a hurry; there is no place for counselor to sit and converse eye to eye.

**G. Session Review (5 minutes)**

1. Peer counsellor/VHTs can provide better care if they learn and use a series of steps which structure their work and the way they go about assessing and assisting a household with their WASH needs.
2. The Four A's include Assess, Agree, Assist, and Arrange.

3. In the Agree step, it is important for the Peer counsellor/VHTs to dialogue with the client about the 'ideal practice' and alternative "small doable steps" to mutually come to an agreement on how the client can improve a specific WASH practice. This commitment and change in practice is encouraged and guided by the Peer counsellor/VHT member, but the decision is made by the client.
4. A picture-based WASH Assessment Tool and a set of Job aids were produced for each Peer counsellor/VHT to help them assess the water, sanitation, and hygiene needs in households where they may work or live and to help them work with household members to identify improved practices. It is important that participants have the Assessment Tool and Job aids available for each of their field visits following the training.

### Transition

Transition to the next and final training session on putting WASH practice into action.

# Session 13: Action Planning

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## Session Learning Objectives

By the end of the session, the participants should be able to:

1. Establish an action plan of how they will promote improved water, sanitation, and hygiene practices especially in the context of HIV when they return to their respective communities.
2. Identify resources in their communities that will be of support to them as they improve WASH practices in their households.

## Time

55 minutes

## Prep Work

Before you teach assemble the following supplies:

1. Gather and bring enough pieces of blank paper or newsprint and markers so that each group/category can create an action plan

## Trainer Steps: Action Planning

### A. Introduction (5 minutes)

1. Explain that this session will reflect on what was covered in the training to assist Peer counsellor/VHTs to use what they have learned and put it into action. The session will review the supplies, resources, monitoring, and community support which is necessary to support improved practices in WASH care.

### B. Developing an Action Plan (30 minutes)



#### SMALL GROUP ACTIVITY

1. Divide participants into groups based on their geographical location or organisational groups. To carry out this exercise, participants must work with people who are from the same community. If there is only one representative from each community attending the course, participants can form pairs for support, but participants should develop their own answers and dia-

grams, based on their communities. If there are any people from one location, divide the group so there are more than six individuals per group.

2. After the groups have been formed according to their geographic location, ask them to establish an action plan of how they will promote improved water, sanitation, and hygiene practices especially in the context of HIV when they return to their respective communities.
3. The action plan should include as well; activity, time frame, responsible person/s, which persons/organizations/groups to link with etc.

#### TRAINER'S NOTE



Allow the groups or pairs time to discuss local resources and ways that they can help each other once they leave the training. While they are working, ensure that each group or pair has enough pieces of blank paper or newsprint and markers so that each participant can later present to the whole class.

#### C. Presenting Action Plans (20 minutes)

1. Have each group at a time come in front of the class to present their action plan.
2. Ask for any comments or questions and encourage members from other groups to respond accordingly.

# POST-TRAINING ASSESSMENT AND EVALUATION

## Prep Work

Before you teach assemble the following supplies:

- ◆ Photocopy and bring enough Pre/Post-Training Assessment Tool (Handout 1) and End of Workshop Evaluation (Handout 30) forms for each participant.

## Time

25 minutes

## Trainer Steps

### A. Post-Training Assessment (15 minutes)

1. Explain to participants that you have finished the workshop, but that they now are going to fill in again the exact same assessment that they filled in at the beginning of the workshop. You want them to do this so the trainers can see what information they have learned.
2. Distribute a copy of the Pre/Post-Training Assessment to participants, making sure that you give each participant the document with the SAME NUMBER that they had when they completed the assessment at the beginning of the workshop.
3. Ask each person to fill out the assessment and tell participants to leave a question unanswered if they do not know the answer. Give participants 15 minutes to complete the assessment and collect the assessments.



#### TRAINER'S NOTE

It is not necessary for participants to identify themselves on the form.

### B. Workshop Evaluation and Close (10 minutes)

1. Thank the participants for coming and participating in the training. Tell them that they now are going to have an opportunity to give the trainers feedback, which is very important because the information will be used to help improve future trainings.
2. Pass out the Evaluation form and give participants 10 minutes to fill it out.
3. Collect the completed evaluations.
4. Remind participants that they are key players and leaders in improving WASH practices happen in Uganda. With their help, they can make their communities stronger and healthier by implementing what they have learned in the training they just completed.





# Participant Handouts



## HANDOUT 1 ♦ PRE/POST-TRAINING ASSESSMENT TOOL

Number: \_\_\_\_\_

Please complete the following questions by marking the correct answer(s) with a tick (•) mark. Do not worry if you do not know all the answers. Answer as many questions as you can. Some questions ask for one answer, others for more than one answer. Some questions involve giving a description.

Participants will complete another copy of this same assessment at the end of the training so they can see areas of improvement in their knowledge and skills involving water, sanitation, and hygiene care.

<p><b>Please read all the questions carefully and answer as best as you can.</b></p> <p><i>You have 30 minutes to answer all the questions.</i></p>								
<p>1. What water, sanitation, and hygiene (WASH) behaviours should a Peer counsellor/VHT target when following up their clients? [tick four boxes]</p> <table><tr><td><input type="checkbox"/> Hand washing</td><td><input type="checkbox"/> Proper handling and disposal of faeces</td></tr><tr><td><input type="checkbox"/> Hair combing</td><td><input type="checkbox"/> Car washing</td></tr><tr><td><input type="checkbox"/> Diet</td><td><input type="checkbox"/> Menstrual care</td></tr><tr><td><input type="checkbox"/> Drinking safe water</td><td></td></tr></table>	<input type="checkbox"/> Hand washing	<input type="checkbox"/> Proper handling and disposal of faeces	<input type="checkbox"/> Hair combing	<input type="checkbox"/> Car washing	<input type="checkbox"/> Diet	<input type="checkbox"/> Menstrual care	<input type="checkbox"/> Drinking safe water	
<input type="checkbox"/> Hand washing	<input type="checkbox"/> Proper handling and disposal of faeces							
<input type="checkbox"/> Hair combing	<input type="checkbox"/> Car washing							
<input type="checkbox"/> Diet	<input type="checkbox"/> Menstrual care							
<input type="checkbox"/> Drinking safe water								
<p>2. The goal of WASH care for PLHIV is to [tick one box]:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Prevent malaria, increase bed net use, promote the eradication of mosquito breeding areas.</li><li><input type="checkbox"/> Prevent yellow fever.</li><li><input type="checkbox"/> Prevent tuberculosis.</li><li><input type="checkbox"/> Prevent diarrhoea for family members, improve the PLHIV's quality of life, and prevent HIV transmission (to the caregiver).</li></ul>								
<p>3. What are the key steps to negotiate an improved behaviour? [tick one box]</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Educate and convince</li><li><input type="checkbox"/> Scold the household on inadequate behaviours and lecture on proper behaviours</li><li><input type="checkbox"/> Tell people what to do</li><li><input type="checkbox"/> Assess current practices, congratulate on existing "good" practices, identify needed improvement, review safer behaviour options, and come to an agreement on an improved behaviour</li></ul>								
<p>4. Select one phrase that encourages "open-ended questions" [tick one box]:</p> <table><tr><td><input type="checkbox"/> How many ...?</td><td><input type="checkbox"/> Have you ever ...?</td></tr><tr><td><input type="checkbox"/> What would make it easier to ...?</td><td><input type="checkbox"/> You don't usually ...do you?</td></tr></table>	<input type="checkbox"/> How many ...?	<input type="checkbox"/> Have you ever ...?	<input type="checkbox"/> What would make it easier to ...?	<input type="checkbox"/> You don't usually ...do you?				
<input type="checkbox"/> How many ...?	<input type="checkbox"/> Have you ever ...?							
<input type="checkbox"/> What would make it easier to ...?	<input type="checkbox"/> You don't usually ...do you?							
<p>5. A Peer counsellor/VHT's main WASH role is [tick one box]:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Meeting with community leaders.</li><li><input type="checkbox"/> Discussing with neighbours.</li><li><input type="checkbox"/> Negotiating improved WASH behaviours, providing WASH care for sick PLHIV, and teaching the caregiver how to provide WASH care to a sick PLHIV.</li></ul>								

## HANDOUT 1 ♦ PRE/POST-TRAINING ASSESSMENT TOOL (CONT)

6. You can make household water safer for drinking by [tick four boxes]:

- Having one big open container for animals, kids and the whole family.
- Serving your water by dipping a bowl or cup into the container water.
- Keeping your treated water in a narrow-neck container with a lid.
- Boiling water until large bubbles appear.
- Keeping the container of treated water on the floor so that children can serve themselves.
- Adding chlorine solution or tablets to your water.
- Transporting your water to the house in a container with a lid.

7. Four critical times in which hands should be washed to prevent diarrhoea include. [tick four boxes]

- After defecating
- Before preparing food or cooking
- Before washing clothes
- Before eating or feeding someone
- After changing a child's nappies and cleaning a baby's bottom;
- After working in the garden

8. The main job of the soap when washing hands with water is to [tick one box]:

- Make the water clean
- Loosen the germs from the hands
- Make the hands softer

9. The main job of the running water when washing hands is to [tick one box]:

- Help dissolve the soap
- Remove/wash away the germs from the hands
- Make the soap softer

10. If soap is not available, what can be used as an alternative cleanser when washing your hands? [tick one box]

- Nothing
- Ash
- Hair tonic
- Jik

11. One reason that safe water, sanitation and hygiene practices are important for people who are living with HIV and/or AIDS is that [tick one correct box]:

- They are more likely to become ill or even die from the complications of diarrhoea.
- They have a strong immune system and are at a low risk for diarrhoeal disease.
- They have to take medications

12. The following two things can make it easier and safer for a caretaker to dispose of faeces (tick two boxes):

- Bedside commode
- Use of plastic pants
- A soft cotton bed sheet
- Wearing a soft cloth on hands
- A towel

13. In a rural area, the safest ways to dispose of cloth or sanitary pads soaked with menstrual blood are [tick two boxes]:

- Throwing them in the trash
- Burying them
- Burning them
- Putting them in the latrine

## HANDOUT 1 ♦ PRE/POST-TRAINING ASSESSMENT ANSWER KEY

Number: \_\_\_\_\_

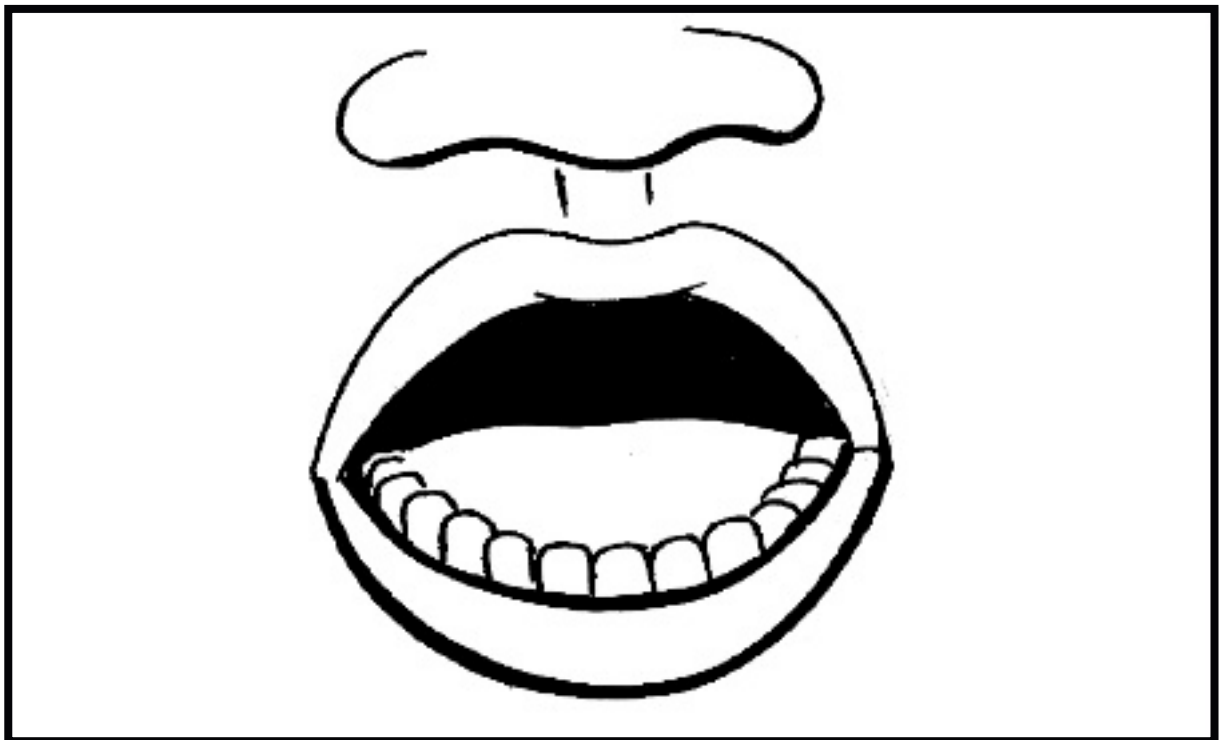
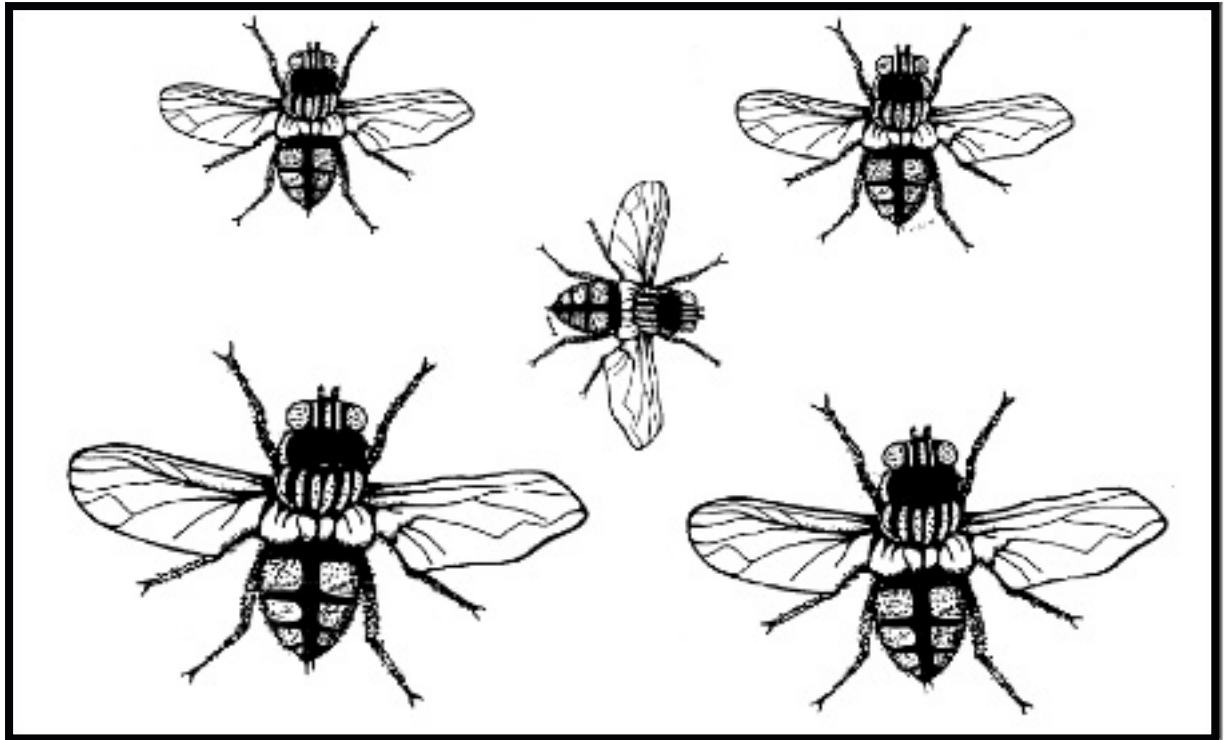
Please complete the following questions by marking the correct answer(s) with a tick (•) mark. Do not worry if you do not know all the answers. Answer as many questions as you can. Some questions ask for one answer, others for more than one answer. Some questions involve giving a description.

Participants will complete another copy of this same assessment at the end of the training so they can see areas of improvement in their knowledge and skills involving water, sanitation, and hygiene care.

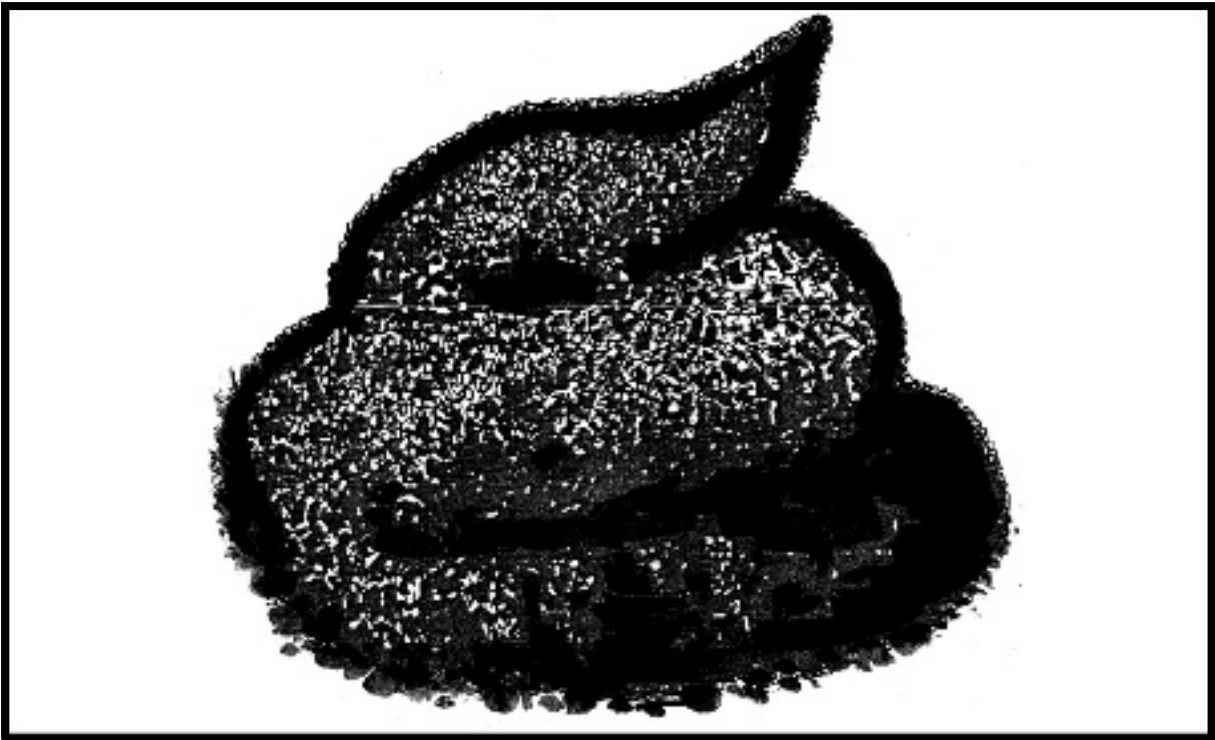
<p><b>Please read all the questions carefully and answer as best as you can.</b></p> <p><i>You have 30 minutes to answer all the questions.</i></p>								
<p>1. What water, sanitation, and hygiene (WASH) behaviours should a Peer counsellor/VHT target when following up their clients? [tick four boxes]</p> <table><tr><td><input checked="" type="checkbox"/> Hand washing</td><td><input checked="" type="checkbox"/> Proper handling and disposal of faeces</td></tr><tr><td><input type="checkbox"/> Hair combing</td><td><input type="checkbox"/> Car washing</td></tr><tr><td><input type="checkbox"/> Diet</td><td><input checked="" type="checkbox"/> Menstrual care</td></tr><tr><td><input checked="" type="checkbox"/> Drinking safe water</td><td></td></tr></table>	<input checked="" type="checkbox"/> Hand washing	<input checked="" type="checkbox"/> Proper handling and disposal of faeces	<input type="checkbox"/> Hair combing	<input type="checkbox"/> Car washing	<input type="checkbox"/> Diet	<input checked="" type="checkbox"/> Menstrual care	<input checked="" type="checkbox"/> Drinking safe water	
<input checked="" type="checkbox"/> Hand washing	<input checked="" type="checkbox"/> Proper handling and disposal of faeces							
<input type="checkbox"/> Hair combing	<input type="checkbox"/> Car washing							
<input type="checkbox"/> Diet	<input checked="" type="checkbox"/> Menstrual care							
<input checked="" type="checkbox"/> Drinking safe water								
<p>2. The goal of WASH care for PLHIV is to [tick one box]:</p> <p><input type="checkbox"/> Prevent malaria, increase bed net use, promote the eradication of mosquito breeding areas.</p> <p><input type="checkbox"/> Prevent yellow fever.</p> <p><input type="checkbox"/> Prevent tuberculosis.</p> <p><input checked="" type="checkbox"/> Prevent diarrhoea for family members, improve the PLHIV's quality of life, and prevent HIV transmission (to the caregiver).</p>								
<p>3. What are the key steps to negotiate an improved behaviour? [tick one box]</p> <p><input type="checkbox"/> Educate and convince</p> <p><input type="checkbox"/> Scold the household on inadequate behaviours and lecture on proper behaviours</p> <p><input type="checkbox"/> Tell people what to do</p> <p><input checked="" type="checkbox"/> Assess current practices, congratulate on existing "good" practices, identify needed improvement, review safer behaviour options, and come to an agreement on an improved behaviour</p>								
<p>4. Select one phrase that encourages "open-ended questions" [tick one box]:</p> <table><tr><td><input type="checkbox"/> How many ...?</td><td><input type="checkbox"/> Have you ever ...?</td></tr><tr><td><input checked="" type="checkbox"/> What would make it easier to ...?</td><td><input type="checkbox"/> You don't usually ...do you?</td></tr></table>	<input type="checkbox"/> How many ...?	<input type="checkbox"/> Have you ever ...?	<input checked="" type="checkbox"/> What would make it easier to ...?	<input type="checkbox"/> You don't usually ...do you?				
<input type="checkbox"/> How many ...?	<input type="checkbox"/> Have you ever ...?							
<input checked="" type="checkbox"/> What would make it easier to ...?	<input type="checkbox"/> You don't usually ...do you?							
<p>5. A Peer counsellor/VHT's main WASH role is [tick one box]:</p> <p><input type="checkbox"/> Meeting with community leaders.</p> <p><input type="checkbox"/> Discussing with neighbours.</p> <p><input checked="" type="checkbox"/> Negotiating improved WASH behaviours, providing WASH care for sick PLHIV, and teaching the caregiver how to provide WASH care to a sick PLHIV.</p>								

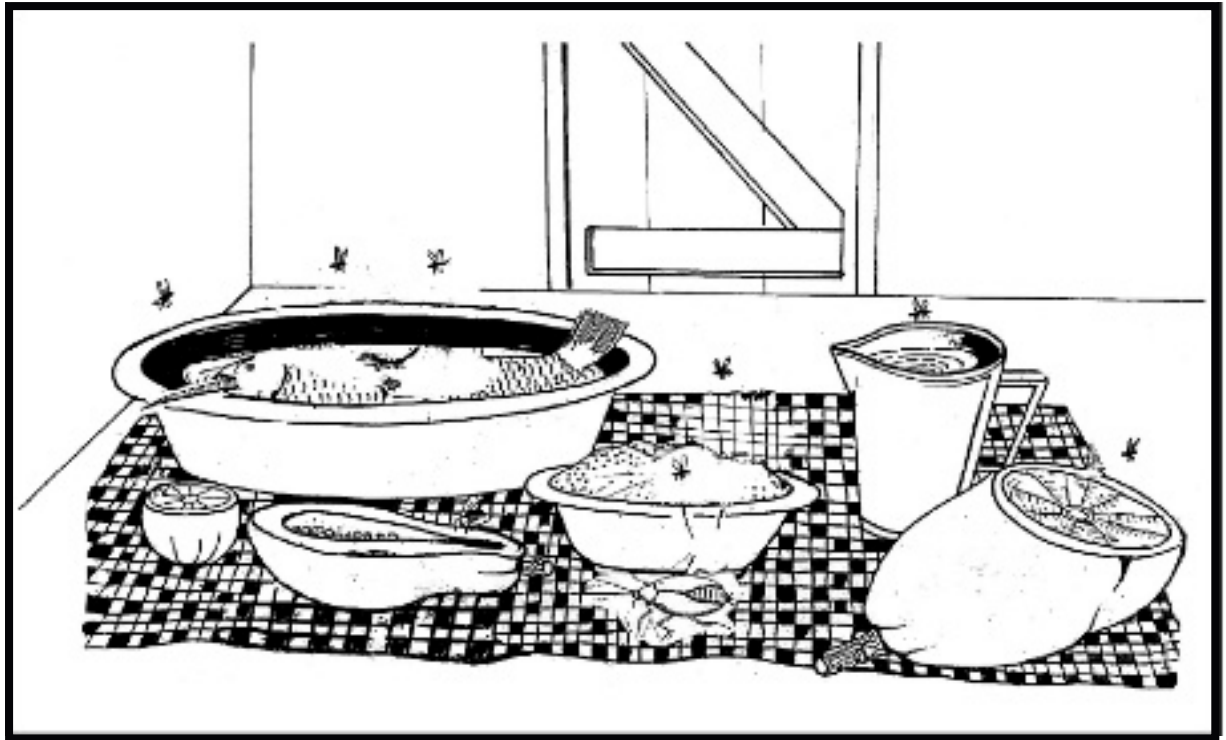
## HANDOUT 1 ♦ PRE/POST-TRAINING ASSESSMENT ANSWER KEY (CONT)

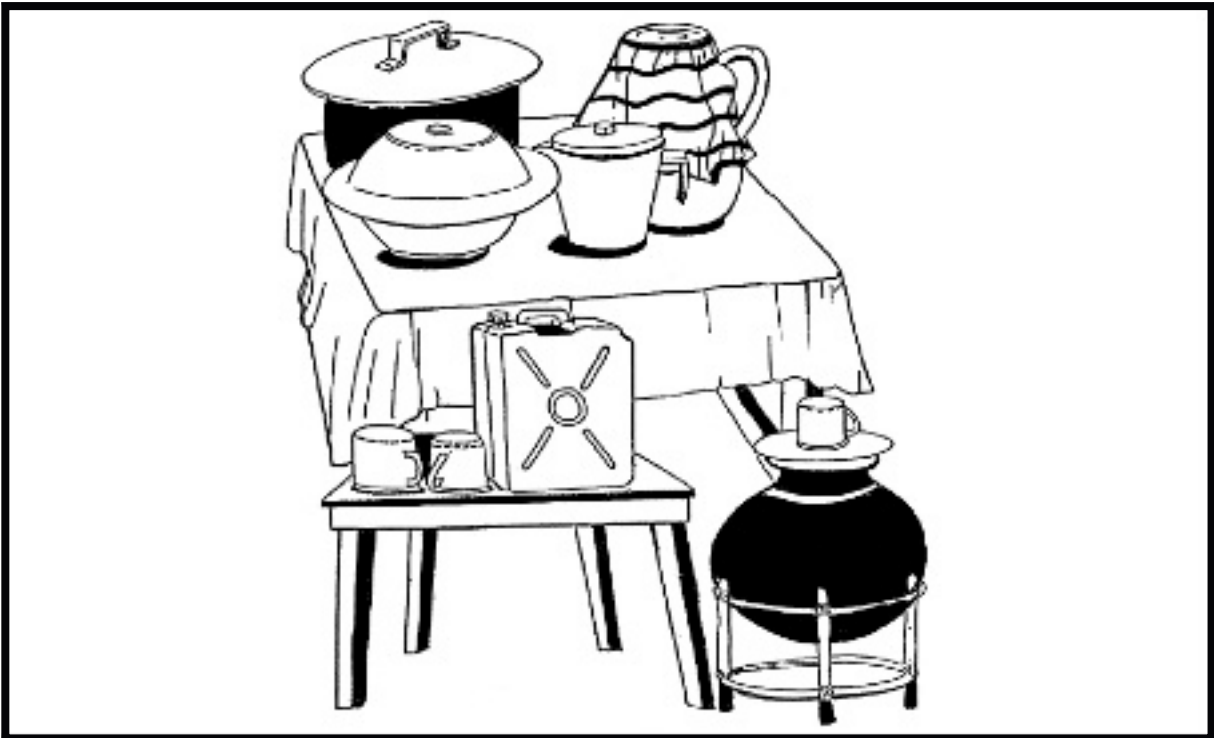
<p>6. You can make household water safer for drinking by [tick four boxes]:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Having one big open container for animals, kids and the whole family.</li><li><input type="checkbox"/> Serving your water by dipping a bowl or cup into the container water.</li><li><input checked="" type="checkbox"/> Keeping your treated water in a narrow-neck container with a lid.</li><li><input checked="" type="checkbox"/> Boiling water until large bubbles appear.</li><li><input type="checkbox"/> Keeping the container of treated water on the floor so that children can serve themselves.</li><li><input checked="" type="checkbox"/> Adding chlorine solution or tablets to your water.</li><li><input checked="" type="checkbox"/> Transporting your water to the house in a container with a lid.</li></ul>
<p>7. Four critical times in which hands should be washed to prevent diarrhoea include. [tick four boxes]</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> After defecating</li><li><input checked="" type="checkbox"/> Before preparing food or cooking</li><li><input type="checkbox"/> Before washing clothes</li><li><input checked="" type="checkbox"/> Before eating or feeding someone</li><li><input checked="" type="checkbox"/> After changing a child's nappies and cleaning a baby's bottom;</li><li><input type="checkbox"/> After working in the garden</li></ul>
<p>8. The main job of the soap when washing hands with water is to [tick one box]:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Make the water clean</li><li><input checked="" type="checkbox"/> Loosen the germs from the hands</li><li><input type="checkbox"/> Make the hands softer</li></ul>
<p>9. The main job of the running water when washing hands is to [tick one box]:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Help dissolve the soap</li><li><input checked="" type="checkbox"/> Remove/wash away the germs from the hands</li><li><input type="checkbox"/> Make the soap softer</li></ul>
<p>10. If soap is not available, what can be used as an alternative cleanser when washing your hands? [tick one box]</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Nothing</li><li><input checked="" type="checkbox"/> Ash</li><li><input type="checkbox"/> Hair tonic</li><li><input type="checkbox"/> Jik</li></ul>
<p>11. One reason that safe water, sanitation and hygiene practices are important for people who are living with HIV and/or AIDS is that [tick one correct box]:</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> They are more likely to become ill or even die from the complications of diarrhoea.</li><li><input type="checkbox"/> They have a strong immune system and are at a low risk for diarrhoeal disease.</li><li><input type="checkbox"/> They have to take medications</li></ul>
<p>12. The following two things can make it easier and safer for a caretaker to dispose of faeces (tick two boxes):</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Bedside commode</li><li><input checked="" type="checkbox"/> Use of plastic pants</li><li><input type="checkbox"/> A soft cotton bed sheet</li><li><input type="checkbox"/> Wearing a soft cloth on hands</li><li><input type="checkbox"/> A towel</li></ul>
<p>13. In a rural area, the safest ways to dispose of cloth or sanitary pads soaked with menstrual blood are [tick two boxes]:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Throwing them in the trash</li><li><input type="checkbox"/> Burying them</li><li><input checked="" type="checkbox"/> Burning them</li><li><input checked="" type="checkbox"/> Putting them in the latrine</li></ul>

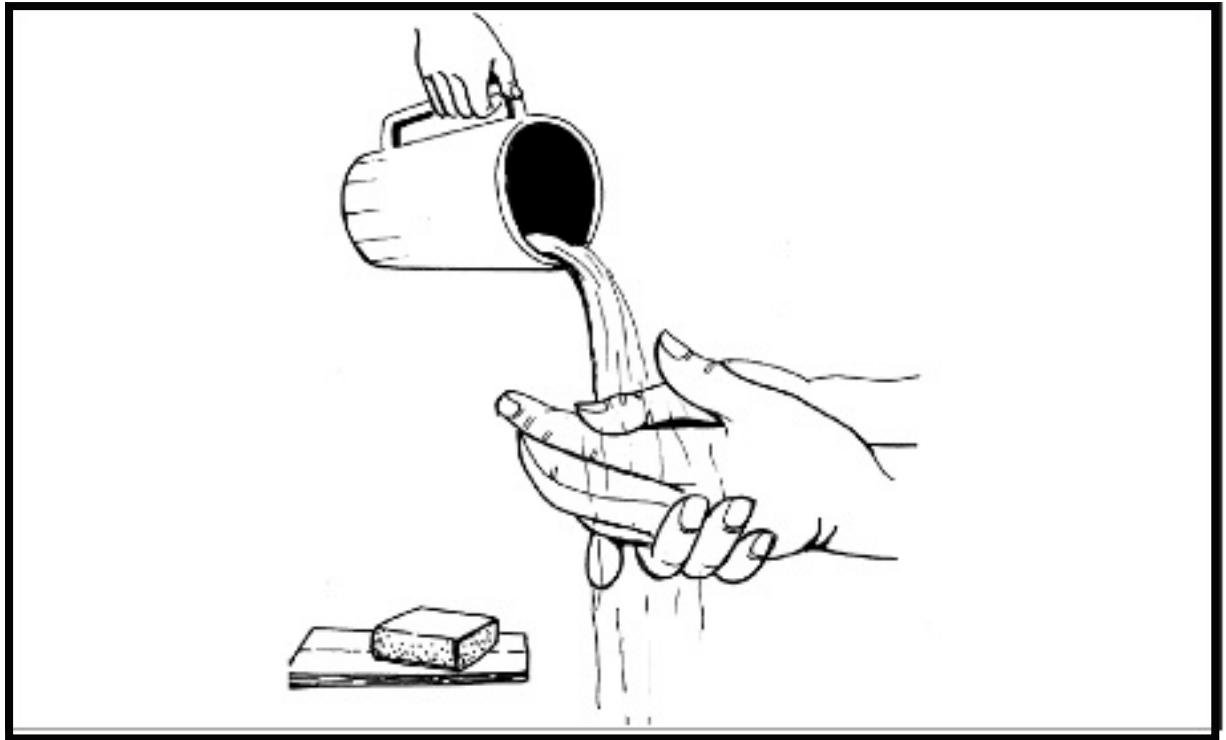


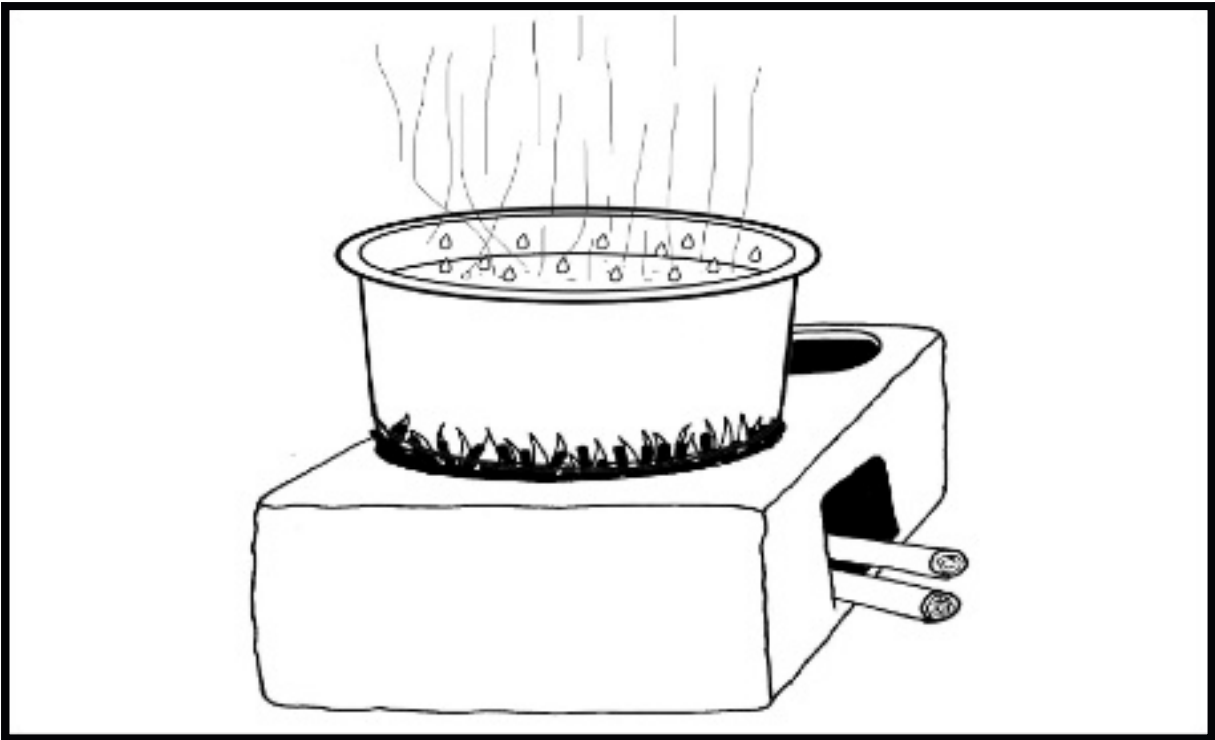




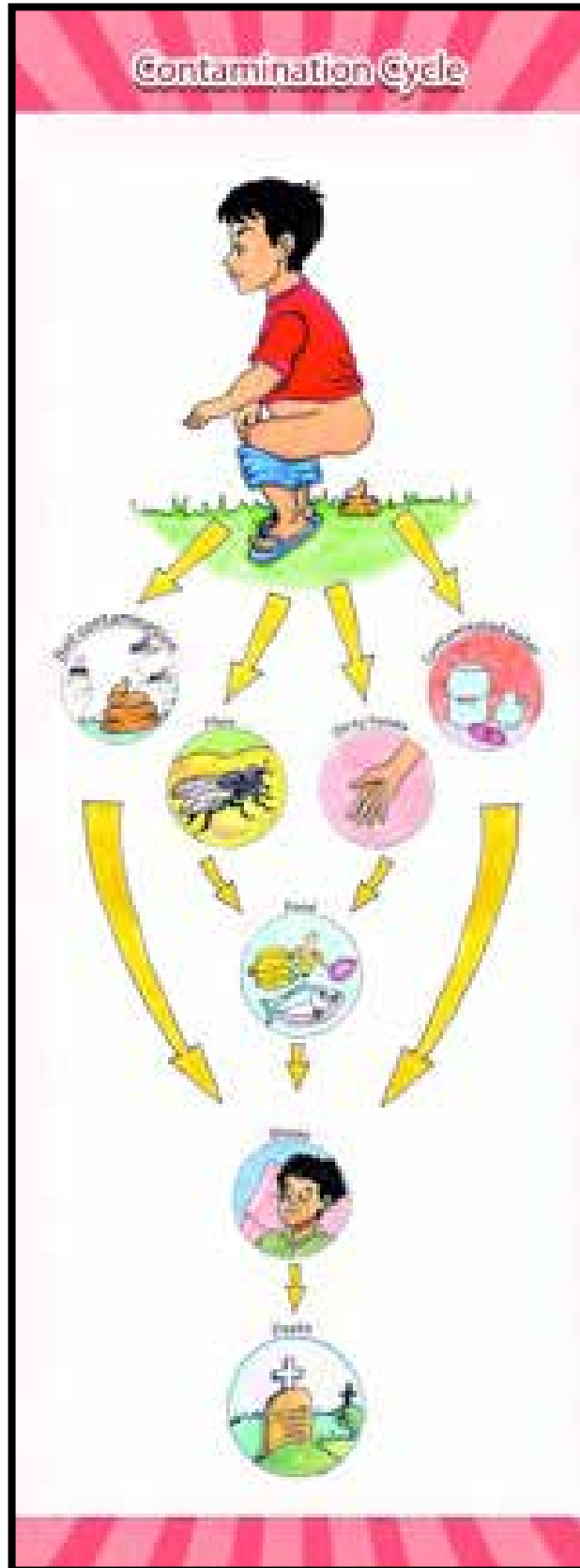








PICTURE CARD ♦ CONTAMINATION DIAGRAM





PICTURE CARD ♦ IMPORTANCE OF KEEPING A STRONG IMMUNE SYSTEM



Image 1

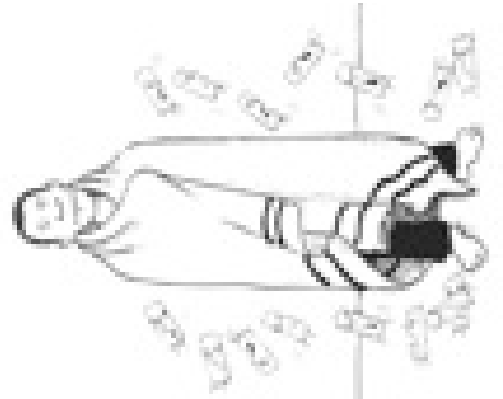


Image 2



Image 3



Image 4

**Statement #1:**

HIV can be spread by handling the diarrhoea and soiled bed linens of a bedridden client.



-----cut here-----

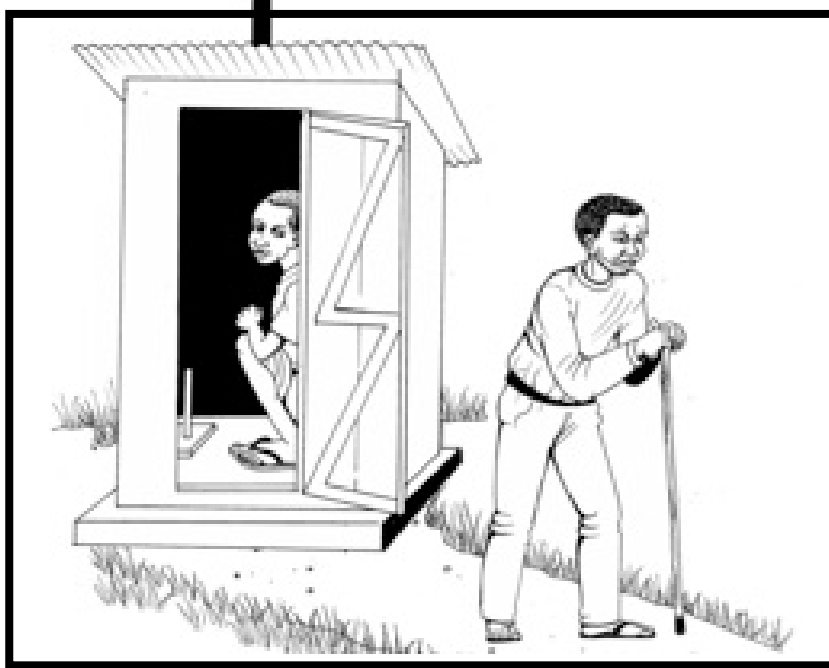
**Statement #2:**

A household member can get HIV by handling with their bare hands (no gloves/plastic material) a sanitary towel/napkin, cloth, or banana fibre that is soaked with menstrual blood from an HIV-positive female client.



**Statement #3:**

You can get HIV by sharing a toilet/latrine with someone who is HIV-positive.



-----cut here-----

**Statement #4:**

Soaking cloth that is saturated with HIV-infected menstrual blood for at least 20 minutes in very soapy water with a lot of bubbles and then rinsing and drying it in the sun WILL kill the HIV virus and other “germs” (like Hepatitis) and adequately clean the cloth so it can be reused



**Statement #5:**

Switching between breast milk and formula or animal milk is healthy for a baby and strengthens the baby's digestive track. This prevents HIV from passing from an HIV-positive mother to her baby.



-----cut here-----

**Statement #6:**

An HIV-negative person can get HIV by drinking treated water from an HIV-positive person's jerrican.



**Statement #7:**

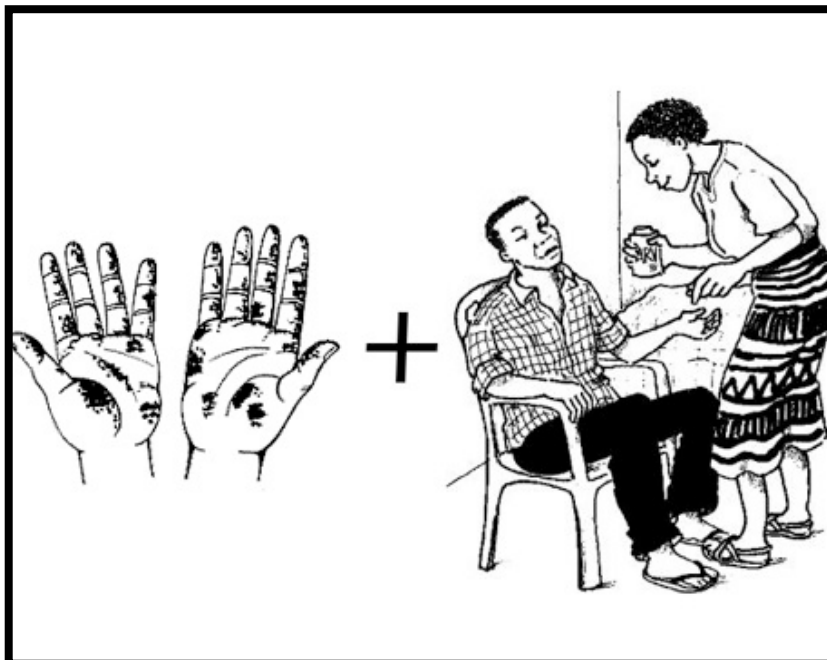
Putting plastic material or gloves on your hands while handling your client's faeces will help reduce the risk of spreading germs that cause diarrhoea.



-----cut here-----

**Statement #8:**

Handling your client's HIV treatment medication without first washing your hands could make the client sick with illnesses such as diarrhoea.



**Statement #9:**

Surfaces covered with blood or faeces can be soaked for 20 minutes with a 1 part Jik and 9 parts water mixture to kill HIV and the germs that cause diarrhoea.



-----cut here-----

**Statement #10:**

HIV can be spread to an Peer counsellor/VHT if they bathe an HIV-positive client (assuming that: (1) the Peer counsellor/VHT is not using any gloves/plastic material to cover his/her hands and (2) the client and Peer counsellor/VHT do not have any sores or cuts on their skin).





# Critical Times for Hand Washing

8

**BEFORE**

**AFTER**



Preparing food



Feeding patient



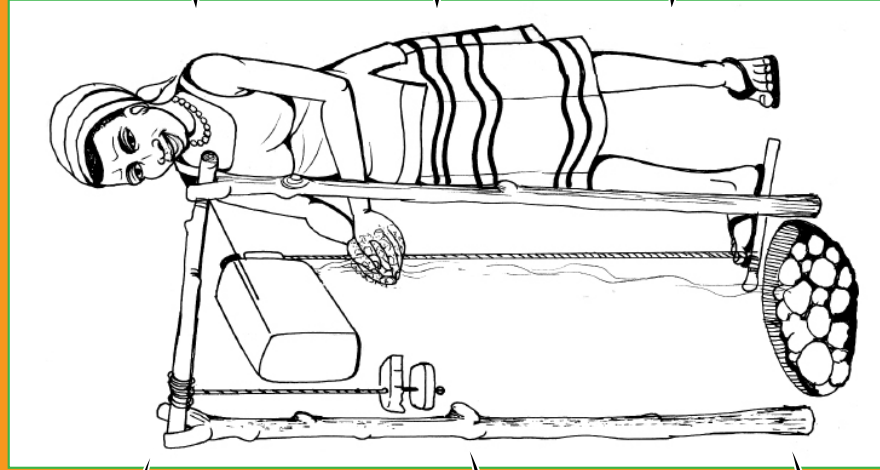
Feeding baby or breastfeeding



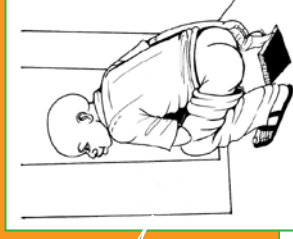
Taking medicine



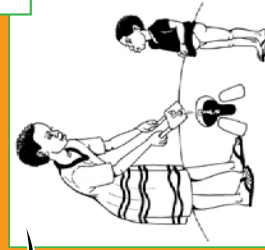
Eating



Cleaning child's bottom



Visiting latrine



Handling and disposing of children's, animals' and birds' faeces



# Small Doable Actions: How to Wash Your Hands

## Negotiation Card

1

Wet your hands and lather them with soap (or ash).



2

Rub your hands together and clean under your nails.



3

Rinse your hands with a stream of water.



4



Shake excess water off your hands and air dry them.

7

## Small Doable Actions for Hand Washing: How to Make a Tippy Tap

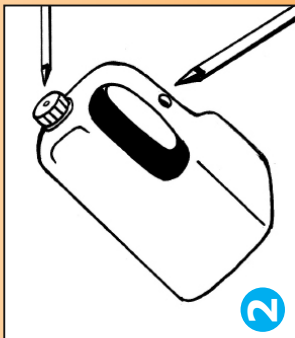
9

### Tilting Jerry Can

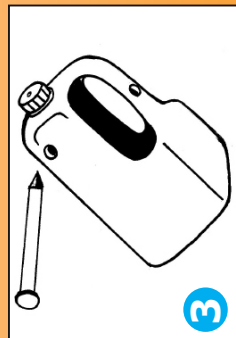
Materials needed: A small jerry can with a lid (3-5 litres). 2 pieces of heavy string (60 cm) for hanging jerry can and (100 cm) for the pedestal. A thin string (60 cm) for hanging soap. Three poles, 1 suspension pole (80 cm), two standing poles preferably "Y" (150 cm). A mineral water bottle for soap protection.



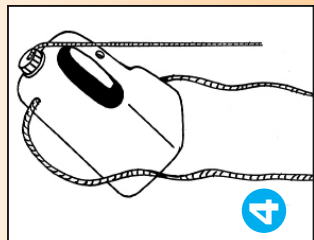
Get a clean empty jerry can.



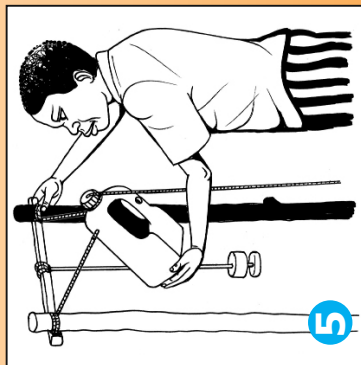
Using a nail, punch a hole on the lid for the pedestal string and at the jerry can handle for the dripping water.



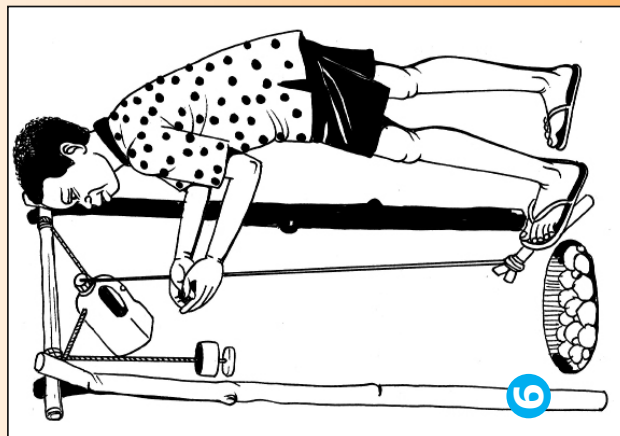
Punch a hole for hanging string through the other side of the jerry can.



Place the hanging string through the nail holes and another string around the lid to attach to the pedestal.



Hang the jerry can on two fixed poles. Make hole in soap and cut the bottom off a mineral water bottle to use as a soap protector. Fix a string through them and hang on pole.

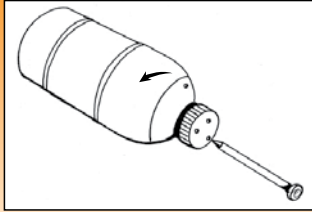


Tie the solid stick to string attached to lid, long enough to reach about 10-13 cm from the ground. Step on the pedestal to tip water.  
Put in place a soak pit by digging a shallow hole (60 cm wide and 30 cm deep).

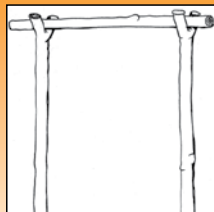


**Small Doable Actions for Hand Washing:  
How to Make Other Types of Tippy Taps**

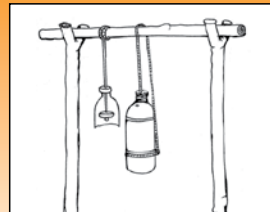
**1 Mineral water bottle - 1**



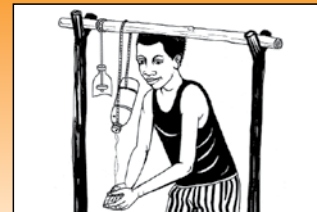
Punch a few holes on the mineral water bottle lid and one on the bottle to allow in air.



Fix poles.



Hang bottle and washing soap on the fixed poles. Pour water in the bottle.

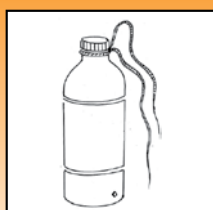


Use your elbow to tip the bottle facing down to allow water to flow.

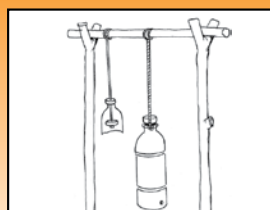
**2 Mineral water bottle - 2**



Make a hole at bottom of the mineral water bottle.



Fix string for hanging at the neck of the bottle.



Hang bottle and washing soap on the fixed poles. Pour water in the bottle.



Loosen lid to allow water flow and tighten lid to stop water flow.

**3 Tin can or leaky tin**



Take an empty tin, turn it over and make around 10 holes.



Hang soap and the tin on the wooden poles.

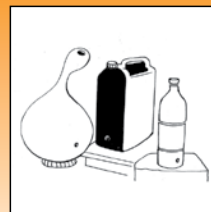


Pour a cup of water in the tin.

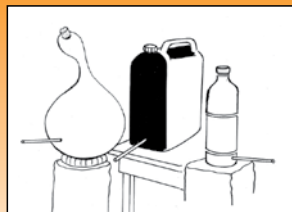


Wash hands with flowing water from the tin.

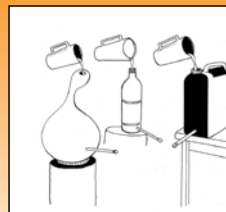
**4 Hollow tube: on gourd or jerry can or mineral water bottle**



Make a hole toward the bottom of the container.



Insert hollow tube (pen, straw, casing, pawpaw step) in the hole. a rubber band can be used as a gasket between straw and receptacle.



Fix plug in cover for the tube before you pour water in the container.



To start water flow, remove container lid or plug. To stop water flow, put tight the container lid.

**Note:** The tippy tap can hang from or be tied to a tree, pole or shelf. Ensure that a soak pit is put in place for the different hand washing facilities.

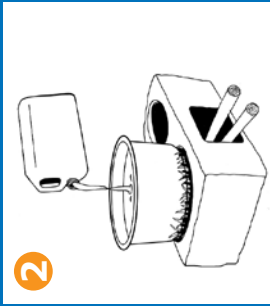
**Small Doable Actions to Make Water Safer to Drink: Boiling**

13



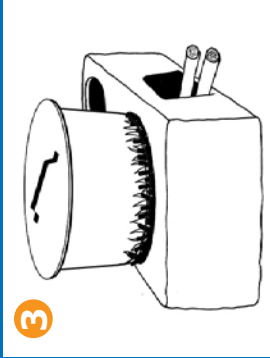
1

- Collect water from water source.



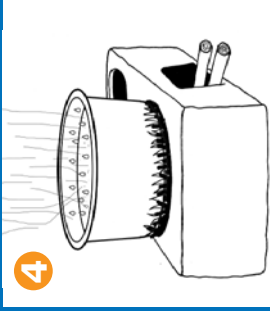
2

- Pour water into boiling container.



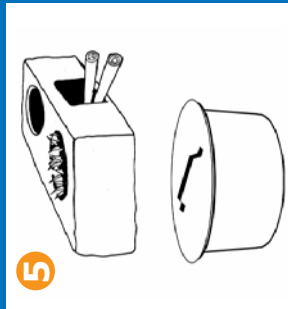
3

- Cover the water-boiling container.



4

- Boil the water until large bubbles appear.



5

- Remove from fire and allow to cool. Do not remove lid to avoid contamination.



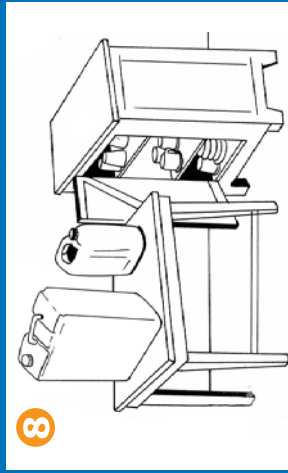
6

- Store boiled drinking water in containers with tight covers.



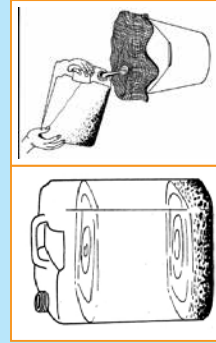
7

- Do not use the serving cup for drinking.



8

- Store drinking water in tightly covered containers, in a clean environment on a stool or table and away from children and animals.



**Filtering and boiling**

If the water is dirty, leave it for some time so that the dirt settles below the container. Clean this water by filtering. To achieve good results do the following:

- Get a clean cloth and clean container such as a bucket and place the cloth on top of the container.
- Carefully pour the settled water through the cloth into the clean container. Make sure the settled residue or dirt does not pour out.
- After filtering ensure that you boil your water to kill germs.



**Treat drinking water**

- Drinking water can also be made safe by adding purifying tablets such as Aquasafe or WaterGuard. Follow instructions on the label of the water purifier.



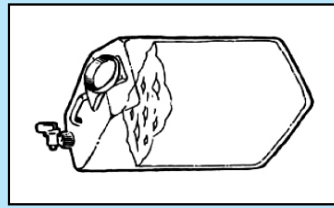


**Small Doable Actions for Making Water Safe: How to Mix WaterGuard**

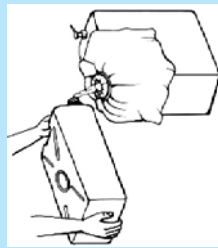
14

Counselling Card

**Does your water look clear?**

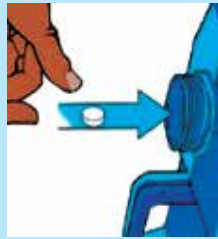


**1**



Filter the water through a clean cotton cloth.

**2**



Add 1 tablet to 20 litres of filtered water.

**3**



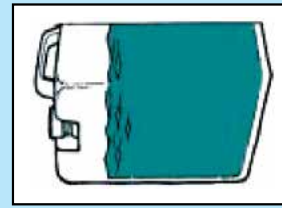
Wait 30 minutes.

**4**

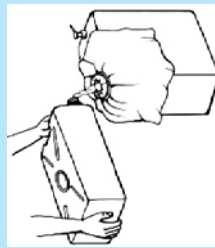


Water is now ready to drink.

**Does your water look Dirty?**

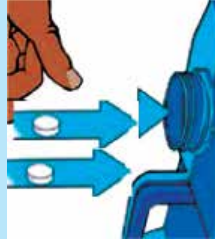


**1**



Filter the water through a clean cotton cloth.

**2**



Add 2 tablets to 20 litres of filtered water.

**3**



Wait 30 minutes.

**4**



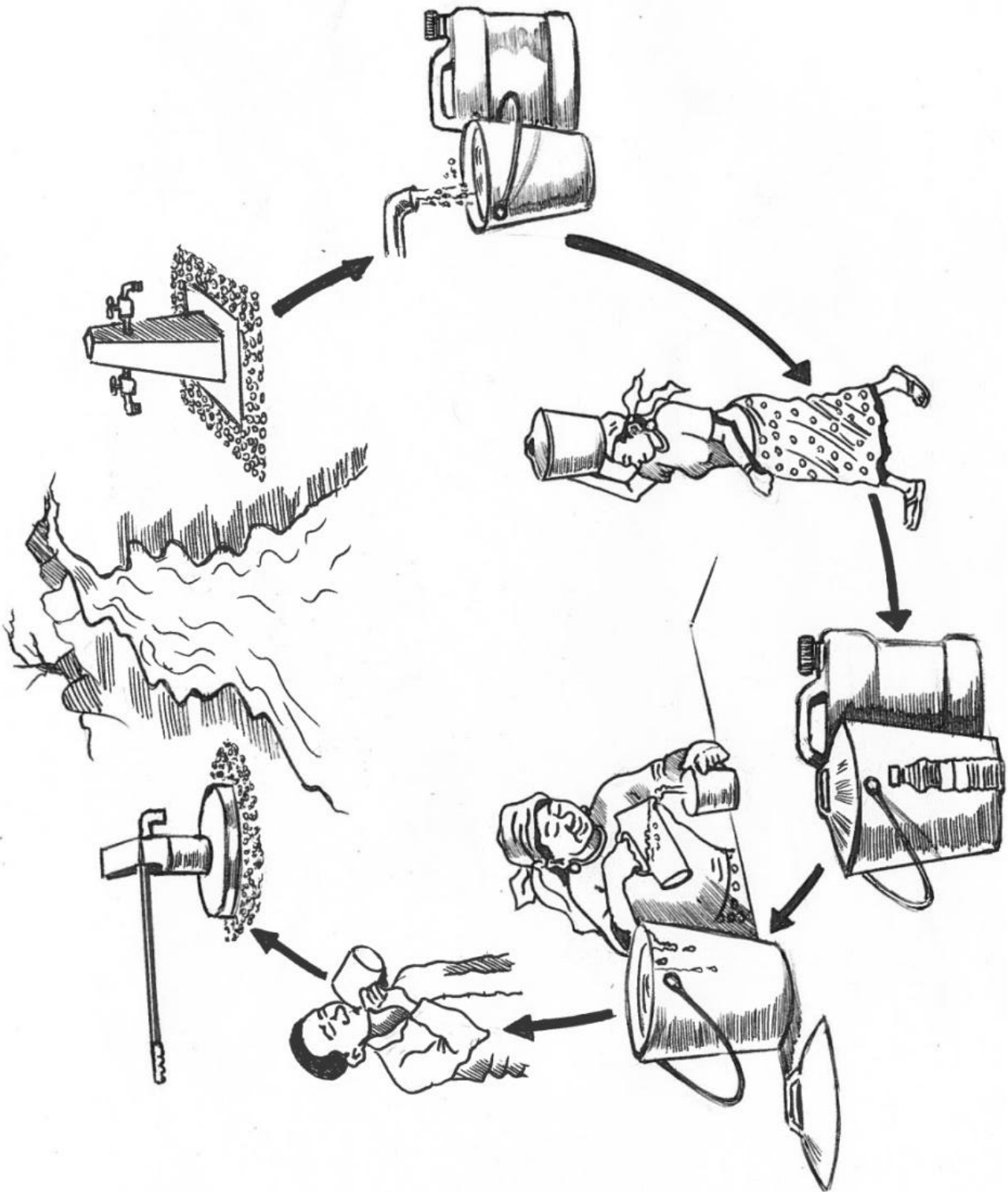
Water is now ready to drink.

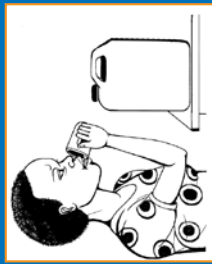
**Remember: Do not swallow tablets and store them away from children and sunlight. Water treated with WaterGuard that is stored in a narrow neck container with a tight fitting lid can be drunk for up to seven days. Treated water in a wide mouth container or without a tight fitting lid can be drunk for only 24 hours.**

Adapted from WaterGuard Tab and Aquatabs instructions originally compiled with thanks to PSI (Population Services International), CDC (Centers for Disease Control and Prevention), and Medentech Ltd., Co. Wexford, Ireland.







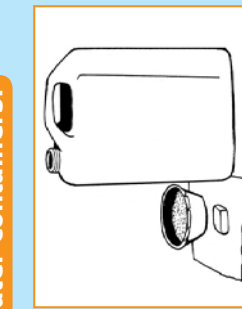


## Small Doable Actions to Make Water Safer to Drink: Cleaning Drinking Water Storage Containers

12

*Wash the containers using water, soap or ash. Small stones, sand or steel wire must not be used because they scratch the container leaving breeding places for germs. Rugs, grass or any other materials should not be used to clean drinking water containers, they can add germs that lead to contamination.*

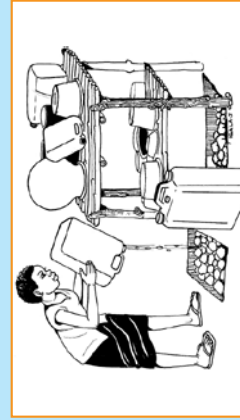
### Washing water containers:



1. Put small amount of soapy water or ash in the container, shake the container and pour out the water. Small stones, sand or steel wire must not be used because they scratch the container leaving breeding places for germs. NEVER use a rag inside and NEVER insert your hand to clean.



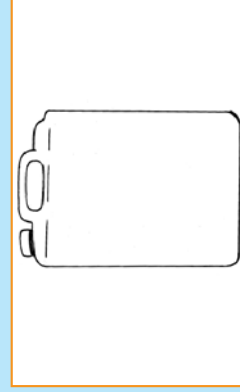
3. Use a rag to scrub the outside of the containers with soap and water. Thereafter rinse them again with clean water.



4. Finally hang the containers, preferably on a rack, to allow them to dry.



2. Rinse the containers with water until there is no dirt, soapy water or ash.



5. Cover the containers tightly and keep them away from dirt.

**There are 5 safe methods to make water better and safer for drinking:  
WaterGuard | Aquatabs | Approved water filters | Boiling | Solar disinfection**

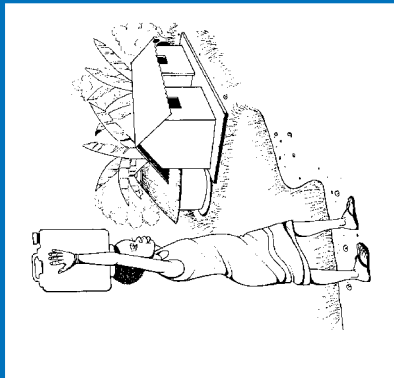


**Small Doable Actions: Taking Care of Drinking and Cooking Water**

11

**1 Transport**

Carry your water home in a container with a lid

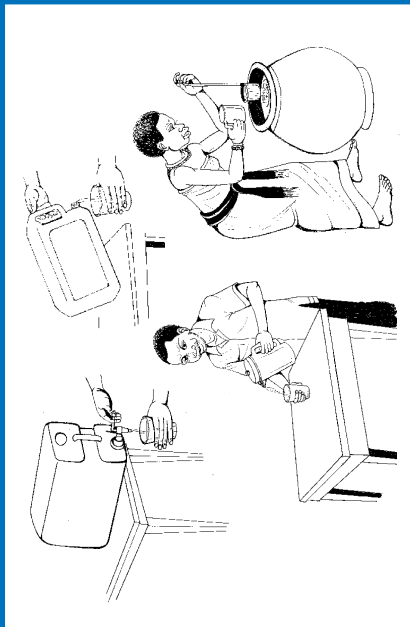


**Small Doable Actions:**

- Wash hands at source to avoid polluting new water
- Tie jerry can lid to container to avoid losing it
- Create a makeshift top with a clean potato washed each time at the source

**2 Serving**

Serve the water without letting anything that may be dirty touch it (such as your hands or a cup)

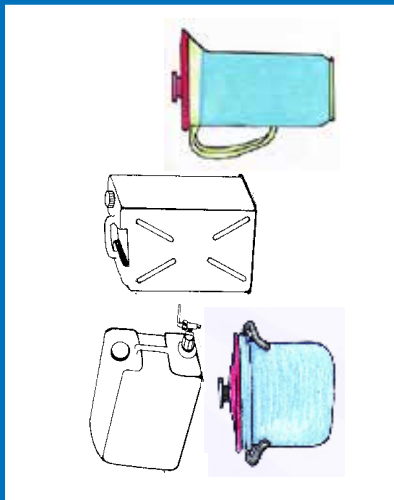


**Small Doable Actions:**

- Buy or make a ladle for serving and hang ladle on a wall
- Have separate cups for serving and drinking

**3 Storage**

Store water in a container with a tight-fitting lid



**Small Doable Actions:**

- Store container off the floor, ideally waist height for easy serving, to prevent contact with children and animals
- Select a container with a small neck or find a makeshift cover



**USAID**  
FROM THE AMERICAN PEOPLE

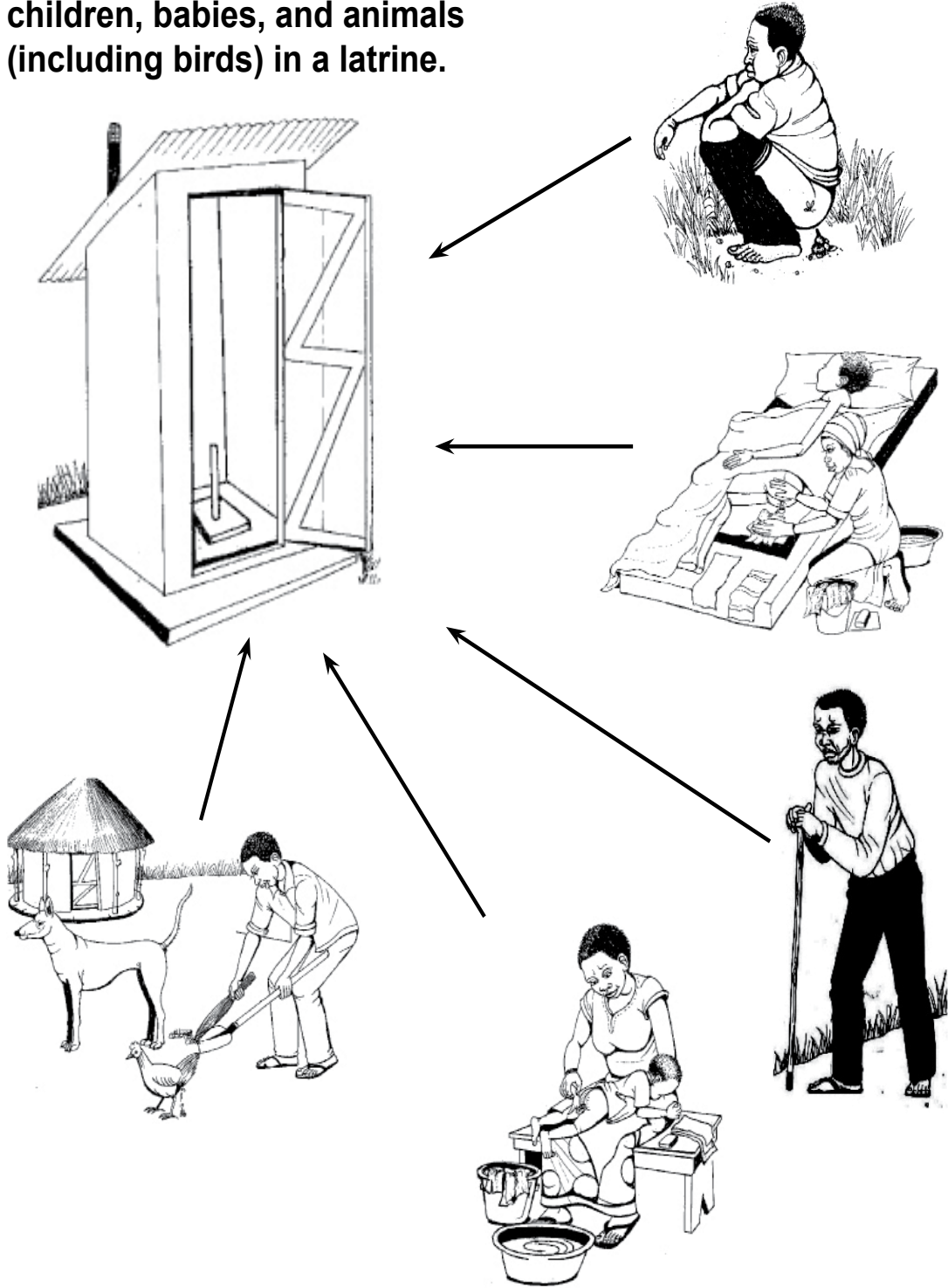


**washplus**  
Supportive Environments for Healthy Communities

# Safe Disposal of Faeces

Negotiation Card

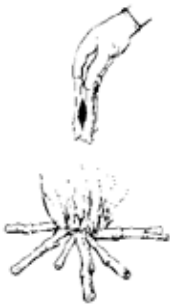
Put faeces of sick people, adults, children, babies, and animals (including birds) in a latrine.



**Disposal of Soiled Things in URBAN Settings**

Dispose of items used for cleaning up blood/body fluids by either (1) burning the bloody material (preferred method); or (2) “double bagging” it (putting the soiled material in a bag and tying the top, then putting it inside another bag and tying the top) and putting the sealed bag in the garbage.

**Option 1**  
**Burning bloody material**  
**(preferred method)**



**Option 2**  
**Double bagging and**  
**putting in the garbage**



**Disposal of Soiled Things in RURAL Settings**

Dispose of items used for cleaning up blood/body fluids by either (1) dropping the material down into the latrine hole (preferred method, use in rural areas only); or (2) burning the bloody material (preferred method, urban areas); or (3) “double bagging” it (putting the soiled material in a bag and tying the top, then putting it inside another bag and tying the top) and disposing of the sealed bag in the garbage.

**Option 1**  
**Dropping material**  
**into the latrine hole**  
**(preferred method)**



**Option 2**  
**Burning bloody material**



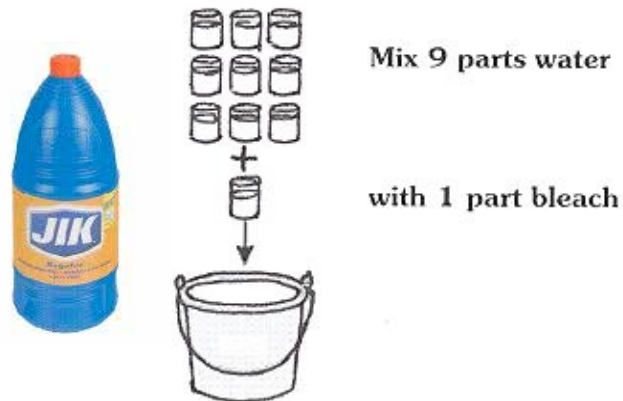
**Option 3**  
**Double bagging and**  
**putting in the garbage**



## HANDOUT 16 ♦ HOW TO MAKE A JIK SOLUTION

### What is Jik Solution and What Does it Do?

Jik is the brand name for household chlorine bleach that is available in Uganda. It is a liquid chemical that is typically used in laundry and other household cleaning. It can also be used to kill “germs” from blood or other body fluids in bedding, bandages, clothing, cotton wool, menstrual cloth, floors or other surfaces. HBC Providers, clients, and household members can make a mixture of Jik and water, which is called a solution that is used to clean soiled items and surfaces. It is important to mix the right amount of Jik (one part) with the right amount of water (nine parts) to make sure that the solution is strong enough to “disinfect” or kill germs from blood or other body fluids on many surfaces and materials.



You can make a 1 part Jik to 9 parts water solution by following these steps:

**STEP 1:** Gather a cup, a bucket (or large bowl), Jik and water. Remove the cap from the Jik solution. FILL the cup (or whatever container you have available) once with Jik liquid and pour it into a bucket (or large bowl/container).

**STEP 2:** With the same cup (or whatever container you used to measure the Jik), fill it 9 times with water and pour it into the bucket (or large bowl/container) that has the Jik in it. Stir the water and Jik mixture (called a solution) with a stick or spoon. This solution is the “one part Jik to nine parts water solution.”

**STEP 3:** To dispose of Jik solution, dig a hole and pour the left over solution in the hole. Fill the hole with dirt. Tell participants to make sure not to dispose of Jik solution near plants, drinking water sources, or near where children play.

Care should always be taken when working with chemicals. Do not allow the chemicals to come into contact with the eyes. Chemicals should be stored out of reach from children and in a dry place out of direct sunlight. Liquid and powder bleach are made with different strengths so it is important to specifically use the Jik brand name liquid bleach.



If a cloth/rag has any fluids (blood other than menstrual blood, pus, fluid, faeces, vomit, sputum and waste from childbirth) follow the next set of directions, which use Jik solution:

**STEP 1:** Cover your hands with gloves, plastic sheeting or other plastic materials. Pick up the soiled cloth (soiled with blood or other body fluid) and put it a bucket (or large bowl, container) filled with “1 part Jik to 9 parts water” solution and allow it to soak for at least 20 minutes.

**STEP 2:** Wash the cloth as you normally would wash, with water and lots of soap/detergent so there are lots of bubbles when you scrub the cloths/rags together well. Then rinse well. [Note: Bleach will fade/remove colour from cloth.]

**STEP 3:** Allow materials to air dry in the sun.

**STEP 4:** Dispose of solution as instructed above (see instructions for making Jik solution). Soak the bucket (or bowl, container) that was used for disinfection in a 1 part Jik to 9 parts water solution for 10 minutes. After 10 minutes, throw out the used solution and wash the bucket with soap and water, rinse well and air dry in the sun. Remove your gloves, plastic sheeting or other plastic material and wash your hands.

Hard surfaces or floors soiled with blood or body fluids must be cleaned carefully using Jik solution:

**STEP 1:** Make a “1 part Jik to 9 parts water” solution. See steps above for instructions.



**STEP 2:** Pour the “1 part Jik to 9 parts water”

solution on the spilled fluid and leave it for 20 minutes.

**STEP 3:** Cover your hands with gloves, plastic sheeting or other plastic material. Clean up the spilled blood and/or body fluids from the floor using a cloth/rag/banana leaf/paper towels. Leave the surface to air dry.

**STEP 4:** Either disinfect or dispose of the cloth/rag. Remove your gloves, plastic sheeting or other plastic material and wash your hands.

Soft surfaces (e.g. dirt or sand floors) soiled with blood or body fluids must be cleaned carefully. Read through the steps below:

**STEP 1:** Cover your hands with gloves, plastic sheeting or other plastic material.

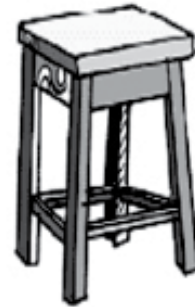
**STEP 2:** Dig up/remove the soft soiled surface (dirt or sand). Dispose of the soiled material either in the latrine or by burying it deep in the ground and away from the household so that people and animals cannot come in contact with the material.

**STEP 3:** Replace the area you dug up with fresh dirt, mud, or sand. Remove your gloves, plastic sheeting or other plastic material and wash your hands.

**Small Doable Actions for Safe Disposal of Faeces:  
Making a Commode (Potty Chair)**

**Negotiation Card**

**1** Make a wooden stool or chair.



**2** Cut an oval hole in the middle of the stool that “fits” the user (not too big, not too small). Smooth the edge of the hole to avoid bruising.



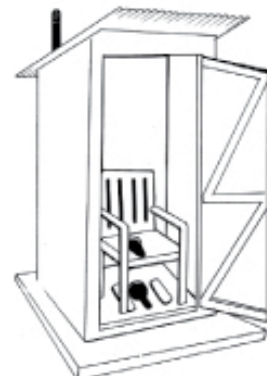
**3** To use commode (potty chair):

- put a bucket beneath the hole in the stool/chair



**OR**

- put the stool/chair over the hole in the latrine.



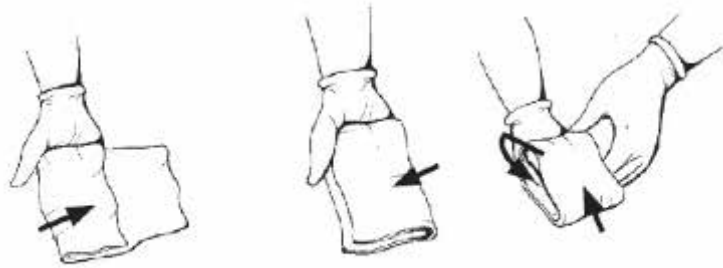
Instructions adapted from “Making Adaptations Commode/Potty Chair,” Hospice Africa (Uganda).

# CLEANING FEMALE CLIENT

Counselling Card

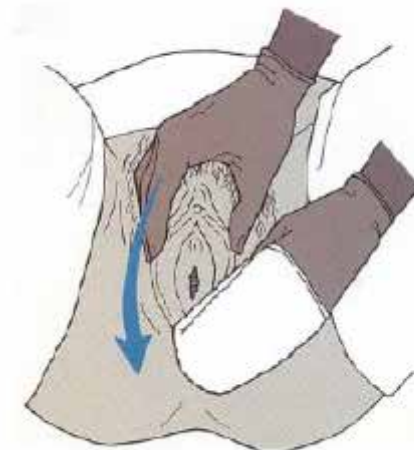
**1**

Make mitt from clean cotton cloth.



**2**

- Separate lips (labia) with one hand.
- Use a damp, mitted cloth with front to back strokes.
- First clean inside lips (small labia), then clean outside lips (bigger labia).
- Use different area of mitt for each stroke.
- Pat dry with clean cloth.



**3**

- Clean anal (buttocks) area by wiping from "front to back" (vagina to anus).
- Side lying position allows anus area to be cleaned well.
- Pat dry with clean cloth.



# CLEANING MALE CLIENT

Counselling Card



- Make mitt from clean cotton cloth
- Use different area of the damp mitt for each stroke when cleaning penis.



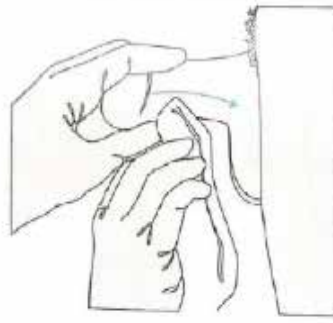
- Pull back foreskin of uncircumcised penis.



- Clean head of penis.
- Start at hole where urine comes out and sweep away from hole.



- Return foreskin to normal position.
- Clean outside of foreskin with circular motion.



- Clean shaft of penis.
- Pat dry with clean, dry cloth.

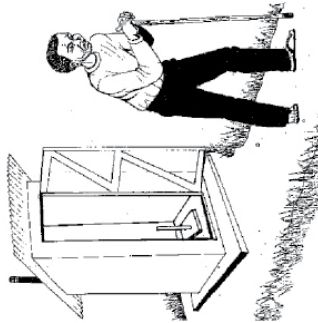


Small Doable Actions for Safe Disposal of Faeces: Faeces Management

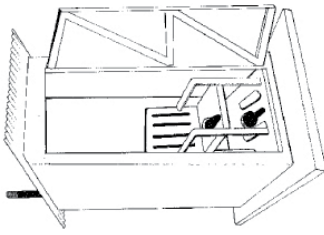
4

Negotiation Card

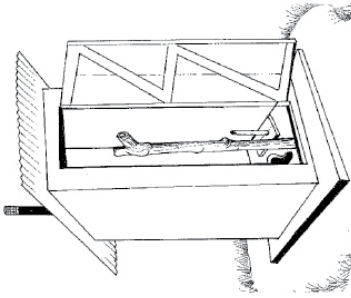
**WEAK BUT MOBILE PERSON**



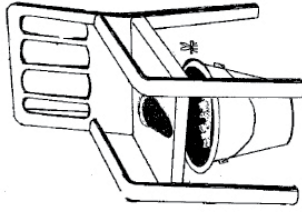
Use walking stick.



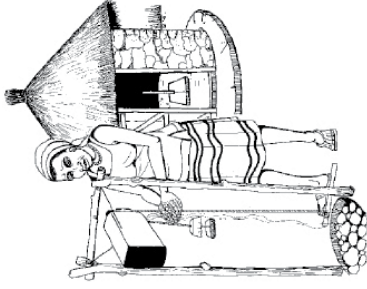
Cut hole in chair to help weak person use latrine.



Add pole (or handles on wall) to latrine to help weak person squat or stand up.

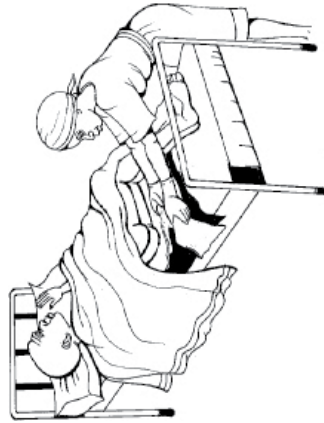


Put bucket under chair with hole in seat for indoor use.

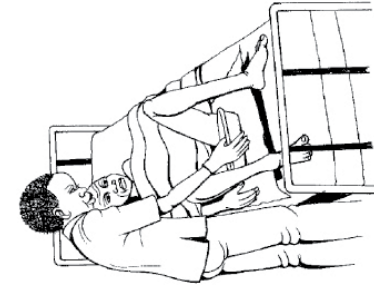


Put hand washing supplies near where sick person defecates.

**BEDRIDDEN PATIENT**



Put plastic sheet (mackintosh) with a cloth on top under sick person's hips. Change cloth when soiled.



Use potty (bedpan).



Put water, soap (or ash), and clean rags next to sick person's bed. Put a little ash in bottom of potty to make emptying and cleaning easier.



## HANDOUT 24 ♦ FAECES CASE STUDIES

### Group 1

You are a Peer counsellor/VHT and you have been looking after a young woman with late stages of AIDS for many months. Although she was on anti-retroviral therapy for some months, the treatment started to fail about three months ago, and now she is very sick and bed bound. She lives alone – her husband and young child died two years ago.

Now your client has developed diarrhoea – she is having diarrhoea at least five times a day. You are only able to visit once a day for about an hour. Otherwise she is alone. When you are at her house, you wash her, and change and wash the bed sheets. You are concerned that when you are not there she is not able to clean herself and has to lie in her faeces.

Question: What small practical changes can you make in the client's household and the management of your client's diarrhoea that will improve the handling and disposal of her faeces, as well as improve her quality of life?

### Group 2

You are a Peer counsellor/VHT looking after people living with HIV and AIDS in a rural area. One of your clients, a young man, is on anti-retroviral therapy and you visit him to support him in adherence to his medicines. His health is now improving and he is becoming stronger. This young man is not well accepted by his neighbours and is socially isolated. Lately, he says that the local community leader has told him he is not allowed to use the village latrine anymore because people have been saying that he will spread HIV to the whole village. He is very upset and tells you that now he has to use an open field where many animals also defecate. He also is worried that he may pick up an infection from using the field.

Question: Since your client is not able to use the village latrine right now (the "IDEAL" way of disposing faeces), what are OTHER faeces disposal alternatives your client could try (less than "IDEAL" practices)? What could you encourage your client to do that would help him more safely handle his faeces, and better protect him against infection?

**Group 3**

You are a Peer counsellor/VHT and also the neighbour of a young woman who everyone in the neighbourhood knows has been living with HIV for some time. This young woman also has an 18-month-old son. Although you have never had much to do with your neighbour (as there is another Peer counsellor/VHT who supports her on her anti-retroviral treatment), she comes to see you one day to ask for your help. She says she has to fill in a form for the clinic, and she knows that you can read and write very well. She wants to know if you will help her complete the form.

You go to her house, and while you are helping her complete the form, she says she has to help her son on the small commode. After the boy has sat on the small commode, your neighbour cleans his bottom with some water from a cup lying on the ground next to an open jerrican of water. She then comes back to you to continue completing the form. She hasn't washed her hands after cleaning the infant's bottom, and the commode — full of faeces — is still sitting on the floor next to the jerrican of water. You know that she needs to improve her faeces handling and disposal practices for her own and her own son's health.

Question: What are some small, realistic actions you could work on with your neighbour to improve the household's faeces handling and disposal situation? (Remember that she did not invite you to her house as a Peer counsellor/VHT, so you will need to use your communication skills very carefully.)

**Group 4**

You are a Peer counsellor/VHT visiting a new client for the first time. Your client is a 40-year-old man who has been living with AIDS for some time. You have been told by the nurse supervisor that, until recently, your new client was well but has now developed diarrhoea, which has made him weak. The nurse supervisor has told you that the clinic has not found any infection, and the doctor at the clinic suggested that the diarrhoea might be due to the HIV itself and its effect on the lining of the stomach, or gut. When you visit the client, you find that he is able to get around his small house if he leans on the pieces of furniture. He tells you that it is getting harder and harder for him to get to the latrine (which is quite close to his house) as his balance isn't very good and he has nothing to hold onto to support him on the path to the latrine or to use the latrine when he is inside. He also is not able to close the latrine door after entering and is embarrassed that someone may see him using the latrine. He has started to use a bedside commode in the house but cannot empty it himself.

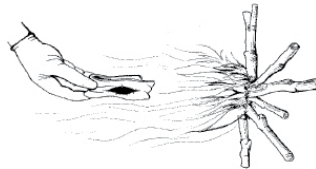
Question: What are some small, realistic actions you could work on with your neighbour to improve his ability to use the latrine?

**Small Doable Actions: Disposal or Cleaning of Menstrual Blood Soaked Material** 20

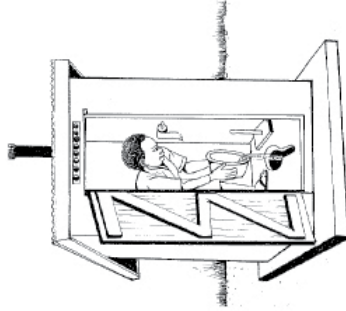
Negotiation Card

Soiled cloth that **will not be used again** and sanitary pads and banana fibres should be disposed of by:

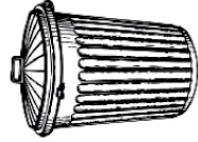
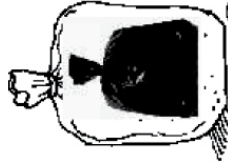
**NOT REUSABLE**



Burning (preferred method for urban and rural areas)



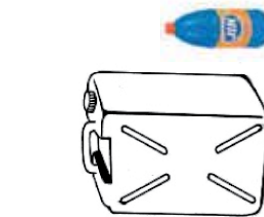
Put in latrine (rural areas only)



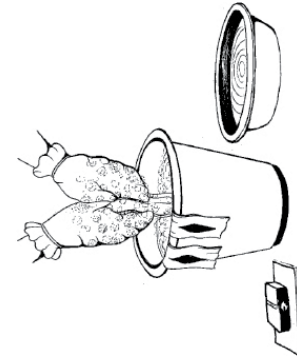
Double bagged and put in trash (least preferred method for urban and rural areas)

**REUSABLE**

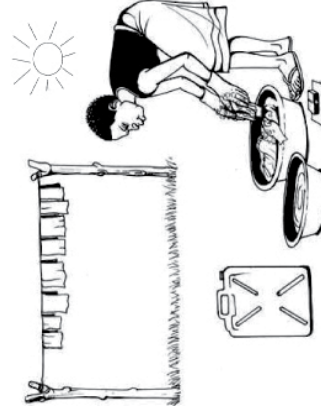
Soiled cloth that **will be reused**. Wash as soon as possible. Do NOT store for more than a few hours, do not hide under bed, mattress or other place.



If possible, soak soiled cloth for at least 20 minutes in a mixture of nine parts water to one part Jik (if available)



Wash with soap and water



Dry in the sun

**NOTE:** Always wear gloves or plastic material when handling blood and wash hands afterward.



## Small Doable Actions: Making Reusable Menstrual Pads

19

You'll need a sleeve of a heavy cotton fabric, and then several removable liners. Liners should be made of towel cloth or something absorbent. You can have liners of different thickness for different days.

**1**

Sleeve 11x24 cm

Sleeve 11x24 cm

Cut two pieces of heavy cloth, 11x24 cm. Hem all four sides of short ends by folding 1 cm, then over again and stitching.

**2**

flap 5x8 cm

inside out for sewing

finished wing 1

finished wing 2

Cut two flaps, 8x5 cm, fold strips in half, sew on two long and one narrow side to make 'inside-out' wing. Turn right-side out, using a pencil or stick to help. Cut button hole in one side, and later sew button to other wing.

**3**

Place one piece of sleeve flat, then the two wings overlapping in the middle, then the second sleeve piece on top. Sew both long sides of sleeves, leave 1 cm seam making sure to keep the flaps perpendicular as shown. Turn right-side out.

Sew about 3 cm at one of the short ends leaving enough room to insert a finger, then turn right-side out.

**4**

Liner

- Cut several liner pads of absorbent terry or other such material, 16 x 20 cm. Fold in half. Insert one liner inside, using the two finger hole gaps at far end to help guide and flatten the pad. • Sew button on outside of wing with button facing out for easy fastening. Cut and finish button hole on other wing.

**5**

Affix to panty with wings and wear with confidence.

After use, separate, soak your pad in cold water and wash with soap, add JIK if available. Separate the pad from other materials. Hang it under the sun but don't hang under the bed, because it will get mouldy, which will cause itching.





## ASSESSMENT AND NEGOTIATION

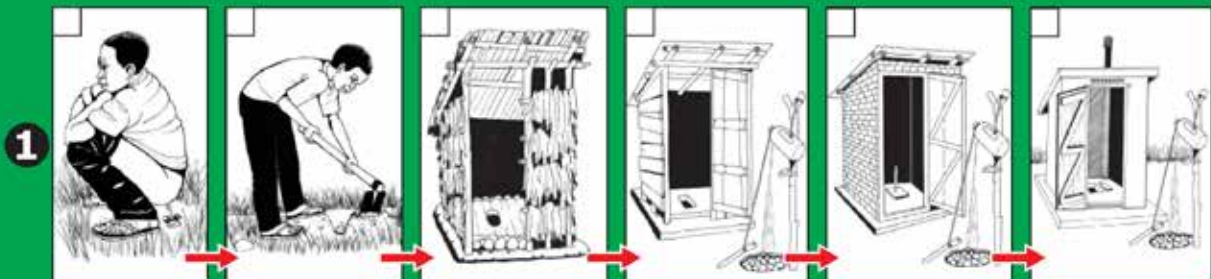
Father's/Mother's Name: \_\_\_\_\_ Name of the VHT: \_\_\_\_\_

Village: \_\_\_\_\_ Dates of Visits: \_\_\_\_\_

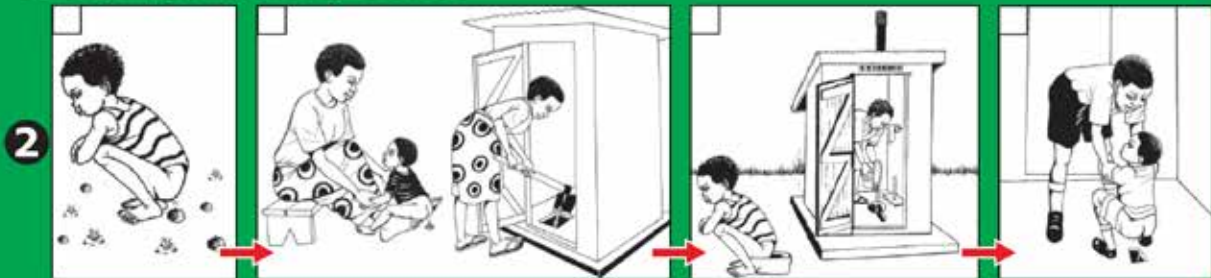
1. Assess with the householders what they are doing now for each of the key behaviours and mark a check in the corner of the current practice.
2. Based on the current behaviour, discuss the improved behaviours to the right of the current practice. During your discussion, ask....
  - What problem the family will face if they change the current practice to the improved behaviour?
  - Discuss if there is anyone in the family who opposes changing the current behaviour due to cultural or other reasons.
3. Circle one, two or three behaviour/s that you agreed upon to practice.
4. Seal the agreement as a commitment and make an appointment to see the improved behaviour.
5. Finally, store the card safely for the next visit.

**It is all our responsibility to end open defecation, unhygienic practices and the diseases they bring!**

### Disposal of faeces



### Safely disposing of baby's faeces



### Washing hands with soap/ash after defecation





Keep water source clean



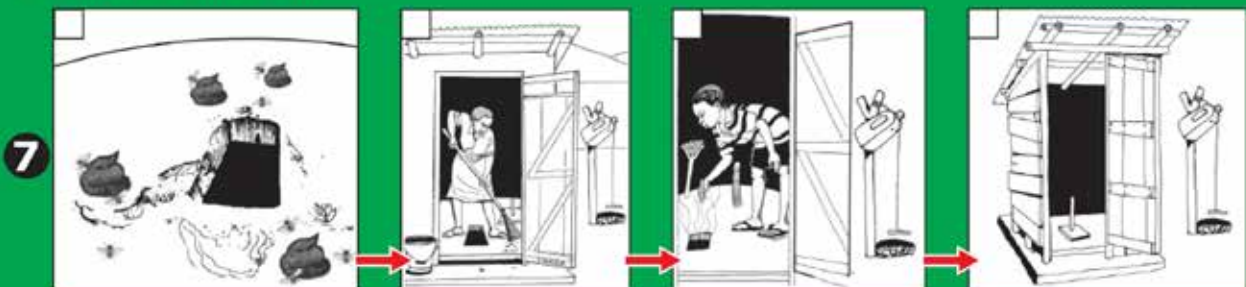
Safe water handling



Cleaning your house and compound



Keeping latrine clean



Essential times for hand washing



STEP	GOAL	TOOL TO USE
ASSESS	<ul style="list-style-type: none"> <li>◆ Identify current practices;</li> <li>◆ Congratulate on “good” practices;</li> <li>◆ Discuss practices that need to be improved.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Assessment Tool</li> </ul>
AGREE	<ul style="list-style-type: none"> <li>◆ Mutually agree on ONE practice to improve (water treatment and/or handling, hand washing, faeces management, or menstrual period/cloth management). If ideal behaviour is not possible, mutually agree on appropriate small doable action(s) to implement.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Assessment Tool</li> <li>◆ Job Aids</li> </ul>
ASSIST	<ul style="list-style-type: none"> <li>◆ Demonstrate new practice, if appropriate;</li> <li>◆ Identify potential problems/barriers and how to solve them;</li> <li>◆ Develop a plan of action;</li> <li>◆ Guide the client on where to get help or materials within the community.</li> </ul>	
AR-RANGE follow-up support	<ul style="list-style-type: none"> <li>◆ Set a date and time for your next visit;</li> <li>◆ Write down in your notebook current WASH practices and new, improved WASH practices the client/caregiver will implement.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Notebook or record-keeping instrument</li> </ul>

HANDOUT 29 ♦ INTERPERSONAL OBSERVATION CHECKLIST

SKILL	YES	NO
Open body language (eye contact, smile, gestures)		
Respectful social distance between speakers		
Asking open-ended questions that give client opportunity to talk		
Showing interest by leaning forward		
Active listening		
Removing physical obstacles in the way (no barriers)		
Paraphrasing to signal you've heard and understood (taking care not to tell someone what to think or feel)		
Appropriate use of silence		
Nodding or verbal signals to demonstrate listening and encourage the speaker to continue		

1. Write one (or two) ideas, skills, tools that you learned today that you think will really be useful in your work.
2. Describe one thing that wasn't clear or needs to be strengthened for future trainings.
3. Name one thing you would eliminate from the training that did not seem valuable, needed or "worth the time".
4. Give one word to summarize your overall experience during this training



